



STAFFORDSHIRE COUNTY COUNCIL

The 65th
ANNUAL REPORT

OF THE

**County Principal
School Medical Officer**

For the year 1972



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ANNUAL REPORT OF THE COUNTY PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1972

FOREWORD

The year covered by this report is the last in which Dr. Gerald Ramage held office as County Principal School Medical Officer. Many tributes were paid to him at the time of his retirement and the high esteem in which he is held in this country and indeed on the international health scene is well known. He has always been much concerned with the health and wellbeing of the school child and the service owes much to his wise leadership. It has certainly been a great privilege to serve as his Deputy and subsequently to be appointed to succeed him.

The report discloses a generally satisfactory level of health in the school age population, reflecting the steady improvement in health and social care, though the continued need for, and value of, a preventively orientated service is very apparent. Control of many of the infectious diseases through vaccination and other measures constitutes a considerable triumph for preventive medicine, though it is disappointing that measles continues to cause much unnecessary illness, with as many as 972 pupils absent from school on this account during the year, quite apart from the risk of long term ill effects and even, albeit remotely, death; parents would be well advised to ensure the protection of their children. Effective health education also has considerable potential for the improvement of the quality as well as the expectation of life for the individual and it is particularly pleasing to note the increasing involvement of teachers and the fruitful working relationship developing between them and the health education officers. However, as noted in the report, much of the work of the School Health Service is devoted to the early recognition of disease and disability at a time when it is more likely to be amenable to treatment and the consequences of neglect may be avoided. In this way the service strives to meet its objectives of ensuring that the school child achieves the optimum level of health and the full benefits of education.

It is unfortunate that a shortage of medical staff has proved somewhat of a constraint on the work of the service. This is evident in the reduction in the medical examinations undertaken, though use of a selective form of examination ensures best use of a depleted field staff. However, it is noteworthy that the medical officers have achieved so much despite the pressures upon them. Medical recruitment is of course a problem common to the country as a whole and, in the case of whole-time staff, is related to, *inter alia*, the uncertain career prospects resulting from the imminent reorganisation and, more particularly, the recognition of the advantages of integration of medical work. The latter has resulted in the adoption of a policy of encouraging the involvement of general practitioners and of establishing paediatric appointments jointly with the Hospital Service, thus, hopefully, working towards both an integrated form of care and a satisfactory staffing level. In the future it is anticipated that much of the work of the Child Health Service will be undertaken by family doctors, with an increasingly specialist role for full-time medical officers, who will advise on the special needs of the handicapped child and help to bridge the gap between general practitioners and hospital staff. However, the foundation must surely be a continuing efficient organisation to ensure comprehensive coverage and continued emphasis on the preventive aspects of the service. Such a development will be dependent on the continued improvement in the recruitment of doctors to general practice and it is unfortunate that relatively heavy work loads have retarded progress to date.

Assessment Centres are a profitable meeting ground for the various categories of doctors concerned and the other members of the multi-disciplinary team, all of whom have a significant contribution to make in establishing the needs of a particular child. In this connection it is pleasing to note the opening of a new Assessment Centre at Lichfield. The Centre is one of three provided by the Education Committee and complements the Hospital Assessment Units, which generally cater for a younger age group. These centres enable a careful evaluation to be made of the handicaps of children referred, so that the most appropriate educational provision and any necessary remedial measures can be identified and arranged.

The Child or Family Guidance Service is unfortunately another area where the level of need is not being met. The shortage of child psychiatrists is national and it is most regrettable that repeated efforts by the Regional Hospital Board to fill a vacancy for a consultant to serve the north of the county have been unsuccessful.

A slight improvement in the staffing position has resulted in a welcome increase in the amount of speech therapy provided. Further advance is a likely consequence of the more favourable staffing structure approved in the course of the year and for implementation in 1973, though publication of the 'Quirk Report' indicated the need for a more radical review.

The Chiropody Service was maintained and is poised for expansion, with the appliance centre providing a means of effective treatment of many remediable foot disorders. Progress has been thwarted by the lack of chiropodists, but the use of attendants was contemplated at the end of the year and these have subsequently been shown to be of considerable assistance.

The substantial increase in the various forms of work undertaken by the nursing staff, despite the greater involvement with the elderly of staff attached to family doctors, is highly commendable and the potential work load fully justifies the increase in establishment which is to be implemented over the next few years.

The continuing unsatisfactory ratio of dental officers to the child population is highlighted by the County Principal School Dental Officer in his contribution to the report and the level of service is particularly to be deplored in a community in which, despite the efforts of the County Council, no progress has been made with fluoridation of the water supply. It is sad, indeed, that Staffordshire children are condemned to an unnecessarily high level of dental caries, with attendant discomfort and threat to their dental and general health, and one can but hope that following reorganisation the majority wish, with all the weight of professional opinion behind it, will no longer be so readily frustrated by the minority anti-fluoridation group. In the meantime prevention must rely on the educational and technical measures outlined. However, staff shortage is again a limiting factor and it is appropriate to draw attention to the valuable contribution which is made by Dental Auxiliaries and of the case for increased training facilities.

The interest and support of the Chairmen and Members of the Education Committee and of the School Health and Welfare Sub-Committee and the co-operation of the other Chief Officers and of their staff is much appreciated.

Finally, I should like to thank all those involved in the School Health Service, whether engaged in the field or in the

central administration, for their individual contributions, which collectively make up the work of the Department and do so much to secure the health of the children in Staffordshire.

H. H. JOHN,
Principal County School Medical Officer.

School Health Service,
1 Mount Street,
Stafford,
ST16 2DD.

SCHOOL HEALTH SERVICE STAFF, 1972

County Principal School Medical Officer

**G. RAMAGE, M.A. (Admin.), M.D., Ch.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H.
(Retired 31-12-72)**

Deputy County Principal School Medical Officer

**H. H. JOHN, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.C.H., D.Obst.
R.C.O.G., D.P.H.**

Senior Administrative Medical Officer for Schools

A. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H., M.F.C.M.

Principal Medical Officer for Mental Health

W. JOHNSON, M.R.C.S., L.R.C.P., M.F.C.M.

Senior Medical Officer

**H. E. WILSON, M.B., Ch.B., D.O., D.P.H., M.F.C.M. (M.O.H. Leek U.D.
and R.D.) (Part-time Ophthalmic Specialist).**

MEDICAL OFFICERS IN DEPARTMENTS

Whole-Time Staff

**AGNES W. E. BLACK, M.B., B.Ch., B.A.O., D.P.H. (Senior Clinical
Medical Officer)**

CYNTHIA J. BLADON, M.B., Ch.B., D.P.H. (To Part-time Staff 30-6-72)

**PEARL I. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S. (Senior Clinical Medical
Officer)**

**CLARICE BUTLER, M.B., Ch.B. (appointed 4-9-72) (Senior Clinical Medical
Officer)**

**BESSIE W. GOODWILL, M.B., Ch.B., M.R.C.S., L.R.C.P. (Senior Clinical
Medical Officer)**

**HAZEL R. MEACOCK, M.B., Ch.B., D.C.H., D.P.H. (Senior Clinical Medical
Officer)**

DIANE F. MILLAR, M.B., Ch.B. (Resigned 3-2-72)

R. WHARTON, M.B., Ch.B. (Senior Clinical Medical Officer)

**HENRIETTA M. WILSON, B.A., M.B., B.Chir. (Senior Clinical Medical
Officer)**

Whole-Time Staff holding Joint Appointments

C. M. DAVID M.B. Ch.B. D.P.H. (M.O.H. Tamworth M.B. and Temp. M.O.H. Uttoxeter Urban and Rural Districts).

A. G. THOMSON, M.B., Ch.B., D.P.H. (M.O.H. Cannock R.D. and Stafford R.D.) (Retired 26-6-72)

Part-time Staff

M. ALLEN, M.B., Ch.B., D.P.H. (Resigned 10-3-72)

MARGARET BAMBER, M.B., B.Ch., B.A.O., D.P.H.

PATRICIA E. BASS, L.R.C.P., L.R.C.S., D.Obst. R.C.O.G.

CYNTHIA J. BLAYDON, M.B., Ch.B., D.P.H. (from W/T Staff 30-6-72)

A. H. CHESHIRE, M.B., B.S., M.R.C.S., L.R.C.P.

ISOBEL B. CRAIGHEAD, M.B., Ch.B., D.P.H. (Joint R.H.B. appointment).

E. P. DABROWICKI, M.B., Ch.B. (Immunisation Team)

ANNIE A. GAMBLE, M.D., B.Ch. B.A.O. D.P.H.

DOROTHY J. HEATHCOTE, M.R.C.S., L.R.C.P.

ROSE MACAULIFFE, M.B., B.Ch., B.A.O.

KATHLEEN M. MCVICKER, M.B., B.S. M.R.C.S. L.R.C.P., D.Obst., R.C.O.G. (Appointed 14-7-72)

HELEN MOSS, M.B., Ch.B.

T. R. O'DEMPSEY, M.B., B.Ch., B.A.O. (Immunisation Team)

MARGARET OSBOURNE, M.B., Ch.B.

ELEANOR M. PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H.

W. L. REID, M.B., Ch.B., (Immunisation Team)

ZOE RICHARDSON, M.B., B.Ch., B.A.O.

DOROTHY I. ROGERS, M.B., Ch.B.

E. SMITH, M.B., B.Ch.

PATRICIA V. TYLER, M.B., Ch.B.

K. WATWOOD, M.B., Ch.B., L.R.C.P., L.R.C.S.

LUCY M. WILKIN, M.B., B.Ch., B.A.O.

A. WORRALL, M.B., Ch.B. (Appointed 19-12-72)

County Principal School Dental Officer

W. MCKAY, L.D.S. R.C.S. (Edin.)

Area Dental Officers

**A. G. BAKER, L.D.S.
A. J. DOYLE, B.D.S.
T. C. J. PRICE, B.D.S., D.P.D.
M. WOOD, B.D.S.**

Senior Dental Officers

**A. G. BAKER, L.D.S.
A. P. WHITE, B.D.S.**

Dental Officers (Whole-Time)

**H. D. LUNN, B.D.S.
S. NEWALL, L.D.S.
J. W. PRICE, M.B., Ch.B., L.D.S.
M. WOOD, B.D.S.**

Consultant in Oral Surgery (Part-Time)

R. BOLTON, B.D.S., F.D.S., R.C.S.

Consultant in Children's Dentistry (Part-Time)

H. LEVISON, B.D.S., F.D.S., R.C.S., D.Orth. (Left 31-3-72)

Dental Anaesthetists (Part-time)

**P. H. BLAKISTON, M.C.R.S., L.R.C.P., F.F.A.R.C.S. (Appointed 7-2-72
Left 8-12-72)
W. B. G. CLARICE, M.B., Ch.B., F.F.A.R.C.S. (Appointed 15-11-72)
W. M. RAMSDEN, B.A., M.B., B.Ch. F.F.A.R.C.S. (Appointed 16-9-71)
P. G. REDDY, M.B., B.S.O., D.A. (Appointed 1-1-72. Left 31-8-72).
BETTY V. THACKER, M.B., Ch.B., F.F.A.R.C.S. (Appointed 1-1-72)
CATHERINE WOODYARD, M.B., Ch.B., D.A.**

Dental Officers (Part-Time)

**F. L. ATKINS, B.D.S.
B. M. GRIFFITHS, B.D.S.
MADELEINE C. MERCER, B.D.S.
R. W. MILLS, B.D.S.
D. W. PRICE, L.D.S.
LESLEY E. M. SALISBURY, B.D.S.
D. S. SCHNEIDER, B.D.S.
W. H. WALTERS, L.D.S.**

Dental Auxiliaries (Whole-Time)

**MISS E. E. BURBURY
MISS J. C. MORRALL**

Supervisor of Dental Surgery Assistants

MRS. N. J. CUMBERLIDGE, D.S.A.

Specialists

OPHTHALMIC SPECIALISTS (PART-TIME):

A. N. CAMERON, F.R.C.S.
J. A. COX, M.B., B.S., D.O.
CHARMIAN H. LONGMORE, M.B., Ch.B., M.R.C.S., L.R.C.P.,
D.O.M.S.
E. J. McCABE, M.B., Ch.B., D.O.
B. M. McOWAN, M.B., B.S., M.R.C.S., L.R.C.P., D.O. (Ldn.)
B. U. KILLEN, M.B., B.C.H., B.O.A., D.O.

ORTHOPAEDIC SPECIALISTS (PART-TIME):

M. H. M. HARRISON, Ch.M., M.B., Ch.B., F.R.C.S.

E.N.T. SPECIALIST (PART-TIME):

T. V. HINGORANI, F.R.C.S. (Appointed 7-9-72)
W. D. PATERSON, M.B., Ch.B., F.R.C.S.

CONSULTANT PSYCHIATRIST:

HAZEL B. BAKER, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.,
M.R.C.Pych.

CONSULTANT PSYCHIATRIST (PART-TIME):

*KATHLEEN KEANE, M.B., Ch.B., D.C.H., D.R.C.O.G., D.P.M., D.P.H.

SENIOR EDUCATIONAL PSYCHOLOGIST:

MRS. P. E. BRAIN, M.A., D.C.P.

EDUCATIONAL PSYCHOLOGISTS:

D. COOKSON, B.A., Dip. Psych.
MRS. C. LISTER, B.A., Ph.D. (Appointed 1-9-72)
W. MULLINGS, B.A.
MRS. M. GRANT, B.A., Dip. Psych. (Appointed 6-9-72)
MRS. M. I. CHRISTINE SHEPHERD, B.A. (Part-time).

PSYCHOTHERAPIST (PART-TIME):

Y. LEJEUNE, B.A., Ph.D. (Rand)

* Attends a County Clinic as Regional Hospital Board Officer.

PSYCHIATRIC SOCIAL WORKERS:

MRS. M. B. DENTON, Dip. Soc. Studies (Resigned 31-3-72)
MRS. B. J. PARKER, C.S.W.

PSYCHIATRIC SOCIAL WORKERS (PART-TIME):

MRS. S. COOKE, B.A., A.A.P.S.W.
MRS. J. M. GIBBS, B.A. (Hon. Soc.)
MRS. E. GLASS, A.A.P.S.W.
MRS. A. M. LICHTAROWICZ, Dip.Soc.Admin., Dip.App. Soc. Studies

AUDIOMETRICIANS:

MRS. E. GOODWIN, S.R.N. Part-time
MRS. M. MOSS

HEALTH VISITOR TO THE DEAF AND PARTIALLY HEARING CHILDREN:

MISS M. L. GIBSON, S.R.N., C.M.B., H.V. (Retired 12-11-72)

PERIPATETIC TEACHERS OF CHILDREN WITH HEARING DEFECTS:

MRS. M. GREENWOOD
T. LONSBROUGH (Senior Teacher)
MRS. E. LOVERIDGE

VISION TESTING SURVEY:

MRS. M. C. JONES, S.R.N. (Appointed 20-4-72)

HEALTH EDUCATION OFFICER:

M. J. HEAD, Dip.Phys.Ed.

Medical Auxiliaries

PHYSIOTHERAPISTS (Part-time):

MRS. M. LEWIS, M.C.S.P.
MRS. G. E. MALLETT, M.C.S.P.

SENIOR SPEECH THERAPIST:

MISS H. M. BINKS, L.C.S.T.

SPEECH THERAPISTS:

MRS. S. R. ALLEN, L.C.S.T., part-time
MRS. S. ANDERSON, L.C.S.T. (Resigned 31-8-72)
MRS. R. A. CARLTON, L.C.S.T., Part-time
MRS. B. J. COOPER, L.C.S.T., Part-time
MRS. M. C. DOBSON, L.C.S.T.
MRS. A. E. M. DONOHUE, L.C.S.T. (Resigned 31-8-72)
MRS. S. RUMBLE, L.C.S.T. Part-time
MRS. P. A. VALENTINI, L.C.S.T. Part-time
MRS. E. WILLIAMS, L.C.S.T., Part-time
MISS J. K. WILSON, L.C.S.T. (Appointed 9-10-72)

SUMMARY OF (ASSISTANT) STAFF

<i>Staff</i>		<i>Establish- ment</i>	<i>No. Employed on 31/12/72</i>	<i>Equivalent in terms of Whole-time Staff</i>
School Medical Officers	17	28
Ophthalmic Specialists	—	6
E.N.T. Specialists	0.2	2
Orthopaedic Specialists	0.07	1
P.S.W's.	7.5	4
Audiometrists	1.4	2
Physiotherapists	4.7	2
Senior Speech Therapist	1.0	1
Speech Therapists	6.7	8
School Nurses	31.32	104
Clinic Nurses	—	24
Vision Testing Survey Nurse	1	1
Clerks	20.4	19
Chiropodists	3.0	23
Area Dental Officers	6	5
Senior Dental Officers	8	—
Dental Officers	10	9
Dental Consultants	0.6	1
Anaesthetists	1.5	3
Dental Auxiliaries	14(9)	2
Dental Hygienists	2(0.6)	—
Dental Surgery Assistants	35	27
				20.9

GENERAL INFORMATION

	<i>Urban Areas</i>	<i>Rural Areas</i>	<i>Admin. County</i>
Estimated civilian population of Administrative County (mid-1971)	..	446,710	304,930
Acreage	..	72,761	584,439
Density of population per acre	..	6.14	0.87
Mean area per person in acres	..	0.16	1.92
			0.87

1. Number of pupils on roll in the Administrative County (excluding Newcastle and Aldridge-Brownhills) .. 105,491
2. School Population of Newcastle Excepted District .. 15,022
3. School Population Aldridge-Brownhills Excepted District .. 18,751
4. Number of schools and departments in the County (excluding Aldridge-Brownhills and Newcastle):—

Nursery Schools	..	..	..	..	..	8
Primary Schools	..	..	..	..	..	348
County Secondary Modern Schools	..	..	..	..	..	26
County Secondary Grammar and High Schools	..	..	..	..	..	8
County Comprehensive Schools	..	..	..	..	..	27
Special Schools	..	..	..	..	..	14*
Hospital Special School	..	..	..	..	..	3
						—
Total	..	..	..	..	..	434

* Includes The Mount School which is jointly maintained by Staffordshire and the City of Stoke-on-Trent.

Annual Report for 1972

INSPECTIONS AND OTHER EXAMINATIONS

Table 1. Medical Inspection of pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).

A. Periodic Medical Inspections:

Age Groups Inspected (by year of birth)	Number Examined
1968 and later	195
1967	3,188
1966	4,709
1965	566
1964	188
1963	162
1962	650
1961	955
1960	832
1959	304
1958	62
1957 and earlier	3,089
Total	14,900

B. Number of Other Inspections:

Special Inspections	140
No. of Re-inspections	12,700
Total	12,840

Children in the "entrant" group continued to be medically examined routinely during the Summer term, following admission to school.

There was a change in the arrangements for the routine medical examination of children in the "intermediate" age group.

Previously, these children were examined in their first year of secondary education. In consequence, school medical officers combined in one group of visits, the examination of the "intermediate" and "leaver" age groups, and the work was undertaken in the Autumn and Spring terms. The combination of these two groups placed a heavy burden upon the secondary schools because the examination arrangements took so long to complete.

So, during 1972, a selective medical examination procedure was introduced so that only children who needed to be seen in the intermediate age group were seen and selective medical inspection was held during the child's last year in a Junior School. The new system proved helpful in reducing the numbers of children to be seen and hence the number of visits to schools and the latter were, of course, spread over the junior as well as the secondary schools. It was felt that in this way the deployment of a somewhat depleted staff of school medical officers was utilised to the best advantage.

C. Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

<i>Age groups Inspected by year of birth</i>		<i>For defective vision (excl. Squint)</i>	<i>For any other conditions</i>	<i>Total of Individual Pupils</i>
1968 and later	..	4	26	27
1967	..	90	336	366
1966	..	159	540	568
1965	..	18	78	89
1964	..	16	22	36
1963	..	16	33	33
1962	..	43	102	123
1961	..	51	161	186
1960	..	69	94	132
1959	..	21	42	57
1958	..	9	9	16
1957 and earlier	..	312	396	657
Totals	..	808	1,839	2,290

Table 2(a). Defects found by Periodic Medical Inspections.

Defect Code No.	Defect or Disease	Periodic Inspections			
		Entrants	Leavers	Others	Total
4	Skin	T 113 O 112	122 52	93 72	328 236
5	Eyes—(a) Vision	T 299 O 360	420 185	359 164	1,078 709
	(b) Squint	T 148 O 58	19 24	55 19	222 101
	(c) Other	T 20 O 21	15 17	21 15	56 53
6	Ears—(a) Hearing	T 111 O 232	32 58	55 98	198 388
	(b) Otitis Media	T 55 O 126	20 58	29 64	104 248
	(c) Other	T 22 O 21	8 4	11 15	41 40
7	Nose and Throat	T 220 O 419	51 78	114 181	385 678
8	Speech	T 128 O 136	8 12	45 50	181 198
9	Lymphatic Glands	T 25 O 131	26 10	11 31	62 172
10	Heart	T 43 O 83	5 22	21 56	69 161
11	Lungs	T 80 O 118	27 44	62 86	169 248
12	Development—(a) Hernia ..	T 19 O 26	2 3	6 9	27 38
	(b) Other	T 32 O 159	4 5	27 30	63 194
13	Orthopaedic—(a) Posture ..	T 18 O 28	85 36	31 18	134 82
	(b) Feet	T 170 O 283	126 40	89 155	385 478
	(c) Other	T 43 O 69	25 33	28 34	96 136
14	Nervous System—(a) Epilepsy ..	T 17 O 8	6 9	17 18	40 35
	(b) Other	T 18 O 83	5 15	14 19	37 117
15	Psychological—(a) Development ..	T 16 O 60	10 21	19 45	45 126
	(b) Stability	T 48 O 85	6 20	23 40	77 145
16	Abdomen	T 24 O 45	10 5	18 15	52 65
17	Other	T 40 O 213	20 18	36 130	96 361
TOTAL NO. OF DEFECTS REQUIRING TREATMENT		1,709	1,052	1,184	3,945
TOTAL NO. OF DEFECTS TO BE KEPT UNDER OBSERVATION		2,876	769	1,364	5,009
TOTAL DEFECTS		4,585	1,821	2,548	8,954

Table 2(b). Defects found by Medical Inspection.
Special Inspections

Defect or Disease	SPECIAL INSPECTIONS	
	Defects requiring Treatment	Defects requiring Observation
Skin .. .	—	2
Eyes—(a) Vision .. .	—	4
(b) Squint .. .	—	2
(c) Other .. .	—	—
Ears—(a) Hearing .. .	—	9
(b) Otitis Media .. .	—	8
(c) Other .. .	—	—
Nose and Throat .. .	—	10
Speech .. .	1	1
Lymphatic Glands .. .	—	1
Heart.. . .	—	—
Lungs .. .	—	3
Development—		
(a) Hernia .. .	—	—
(b) Other .. .	—	3
Orthopaedic—		
(a) Posture .. .	—	3
(b) Feet .. .	—	6
(c) Other .. .	1	2
Nervous System—		
(a) Epilepsy .. .	2	2
(b) Other .. .	—	1
Psychological—		
(a) Development .. .	—	1
(b) Stability .. .	—	6
Abdomen .. .	—	1
Other .. .	—	4
TOTALS .. .	4	69

Table 3. Parents attending Periodic Medical Inspections

	Age Groups Inspected	No. of Pupils Examined	No. of Parents Attended	% of Parents who attended
Entrants	{ 1968 and later ..	195	175	89.1
	{ 1967 .. .	3,188	2,913	91.4
	{ 1966 .. .	4,709	4,237	90.0
	1965 .. .	566	493	87.1
	1964 .. .	188	143	76.1
	1963 .. .	162	134	82.7
	1962 .. .	650	507	78.0
2nd Age Group	{ 1961 .. .	955	719	75.3
	{ 1960 .. .	832	431	51.3
	1959 .. .	304	140	45.0
3rd Age Group	{ 1958 .. .	62	38	61.1
	{ 1957 and earlier ..	3,089	307	9.9
TOTALS .. .	.. .	14,900	10,237	68.7

The number of children examined fell by 3,624 and 1,064 fewer parents attended. The percentage of parents attending however increased from 60.5% in 1971 to 68.7% in 1972.

Table 4. Handicapped Children

<i>Category</i>	<i>No. of Children newly found during the year</i>
Blind	2
Partially Sighted	-
Deaf	4
Partially Hearing..	6
ESN/MSH	109
Epileptic	2
Maladjusted	190
Physically Handicapped	72
Speech Defects	1,059
Delicate	7
	<hr/>
	1,451
	<hr/>

Almost all the children were examined at the school clinics.

ASSESSMENT CENTRES

Staffordshire children for whom there appears to be a need for investigation of physical defects or retardation in any sphere of development, may be referred to Assessment Centres, either those administered by the Education Department, or ones which are hospital based and run by the Regional Hospital Board.

County Council Assessment Centres, of which there are three at present, at Stafford, Lichfield and Newcastle, deal mainly with children from four to nine years of age who are likely to have, or are already in, difficulty at school. These centres are built in close association with existing schools so that some children can, if the need arises, have trial periods of normal schooling as part of the assessment process.

Hospital Assessment Centres, more recently established, deal in the main with children from 0-4 years, the emphasis being on diagnosis and investigation of medical problems.

However, the two types of centre do follow some parallel courses in that the aim is to ensure the child's suitable educational placement.

Hospital assessment centres seeing Staffordshire children are at the City General Hospital, Stoke-on-Trent, New Cross Hospital, Wolverhampton, Children's Hospital, Birmingham, East Birmingham Hospital and Derby Children's Hospital.

Table 5. Notification of Handicapped Pupils leaving School to the Youth Employment Service

No. of children who were advised not to take up certain types of employment	342
No. of children advised to register under the Disabled Persons (Employment) Act 1944	4
	346

A report giving an indication of the type of work for which a child is suitable is issued for each child examined in the "leaver" group for the information of the Youth Employment Service and in addition to the figures in table 5 above reports were issued in respect of 2,190 leavers whose condition was found to be normal.

The arrangement for consultation of the School Medical Officers with the Area Youth Employment Committees prior to committee meetings still continues. In difficult cases the Medical Officer may attend the Committee as an advisor.

It is pleasing to note that certain Youth Employment Officers have stated they have found the medical reports submitted to be most helpful in the correct placing of children. It is regrettable that so many children on leaving school have some type of handicap—albeit a minor one, but they are given effective help in making their way in life.

Table 6. Miscellaneous Examinations at School Clinics

Type of Examination

Entrants to courses of training for Teachers (4 R.T.C.)	658
Entrants to the Teaching Profession (28 R.Q.)	77
Children boarded out by the Children's Committee	208
	943

All of the examinations were carried out by School Medical Officers at the school clinics.

Children, going on Adventure courses, were asked to complete a medical questionnaire and of the 593 completed questionnaires no child was found unfit to go on the course.

Employment Licences

Children wishing to undertake part-time employment were asked to complete a medical questionnaire as a preliminary to the issue of an employment licence and 557 questionnaires were completed during the year. In no case did any child have to be subsequently medically examined.

Home Visiting

Table 7. Details of home visits made by Nursing Staff

<i>Reason for Visit</i>					<i>No. of Visits</i>
Uncleanliness and verminous cases	..	..	..	..	1,367
Arising out of medical inspections	..	..	..	..	868
Arising out of inspection at clinics	..	..	..	..	222
All skin diseases	..	..	..	..	484
Aural conditions	..	..	..	..	273
Nose and Throat Conditions	..	..	..	..	594
Ophthalmic defects	..	..	..	..	1,953
Orthopaedic defects	..	..	..	..	199
Educationally subnormal children	..	..	..	..	217
Neglected children	..	..	..	..	285
Infectious diseases	..	..	..	..	243
Heaf testing	..	..	..	..	1
Holiday visits to children home from special schools	..	..	..	..	89
Miscellaneous	..	..	..	..	3,046
Ineffectual visits	..	..	..	..	1,409
					11,250

The visitation of children in their homes is an important part of the school nurses' work, for by this it is ensured that children obtain treatment which has been recommended.

Table 8. Details of visits to schools made by Nursing Staff

<i>Reasons for Visit</i>	<i>No. of Visits</i>
Ophthalmic Cases:—	
General	573
To administer atropine	146
Vision testing prior to :—	
Medical inspection	867
Attendance at ophthalmic clinics	24
Infectious diseases	108
Hygiene inspections (excluding feet)	1,672
Miscellaneous	562
	3,952

It will be seen from these figures that the nurses are required to spend a considerable amount of time working in schools and no less than 547 half-days were devoted to foot inspections when 55,581 children were examined. The majority of the visits were in connection with general hygiene inspections of heads, hands and feet. The nurses make routine visits to schools each term to supervise the cleanliness of the children, further details of which are to be found on pages 19 to 22.

Nurses also attended with the School Medical Officers to assist at routine medical inspections in schools at 1,622 sessions.

UNCLEANLINESS

Table 9. Infestation with Vermin

Number of individual examinations of pupils in schools by nurses and authorised persons	165,240
Number of pupils found to be infested	1,826
Number of pupils for whom cleansing notices were issued. S.54(2) Education Act, 1944	—
Number of pupils for whom cleansing orders were issued. S.54(3) Education Act, 1944	—
Number of Sacker Combs sold	29

The number of individual examinations, compared to the figures for 1971 rose by 19,475 but the number of children found to be infested fell by 231. The percentage infested was 1.1 which was 0.3% lower than in the previous year.

Table 10. Analysis of Infestation

Number of children with infestation of:

Lice	{	Body	7
	}	Head	157
Nits	{	Head	1,743
	}	Clothing	156

Hygiene inspections are generally carried out in schools when the children's hair is examined by the school nurses. Usually excellent co-operation is given by the parents who sometimes request that cleansing should be carried out. Unfortunately there are still some children who present a recurring problem of repeated infestation of their heads and need to be kept under continual surveillance by the school nurses.

When parents fail to keep their child's hair in a satisfactory state the Local Education Authority is empowered, after examination by an authorised person, to serve notice upon the parent or guardian of the infested child, requiring cleansing to be carried out. This is to be followed by attendance at a cleansing centre so that an examination may be made. If, despite the notice to the parents the state of the child's hair is still unsatisfactory the school nurse cleanses it and a school medical officer issues a certificate afterwards to the effect that the child's hair is clean.

Should reinfestation quickly recur the Local Education Authority may issue a compulsory cleansing order under which an authorised person is empowered to remove an infested child to a suitable place for cleansing to be carried out. The parent or guardian receives a copy of the order and the authorised person is informed that cleansing is necessary. After compulsory cleansing a certificate is issued by a school medical officer to show that cleansing has been satisfactorily carried out.

Foot Inspections

Foot inspections have always been a regular feature of the work of the nurses in the School Health Service and it is estimated that 547 half-day sessions were devoted to the work during the year, the numbers seen increasing by 10,798 compared to the figures for 1971.

The proportion of children with unsatisfactory footwear (1.9%) was slightly less than in the previous year.

The percentages of foot deformities and foot infections respectively rose from 0.41 in 1971 to 0.54 and 1.4 to 1.98.

Further information under this heading is to be found on page 21 and 22 and tables 11 and 12.

Table 11. Foot Inspections

	TYPE OF SCHOOL			<i>Total in all Schools</i>
	<i>Infant</i>	<i>Junior</i>	<i>Comp./Sec./Gram.</i>	
Number of children with Unsatisfactory Footwear	239	588	238	1,065
Number of children with Satisfactory Footwear	12,115	31,426	10,975	54,516
Total number of children seen by School Nurse	12,354	32,014	11,213	55,581
Number of children with unclean feet ..	129	641	266	1,036
Number of children with Unsatisfactory Socks	50	244	81	375
Foot Deformities	74	154	72	300
Number of children with corns	37	337	98	472
Foot Infections	50	630	421	1,104
Number of children referred to S.M.O.s	48	156	168	372

Table No. 12

Showing the percentage of children with :—	<i>Infant</i>	<i>Junior</i>	<i>Comp./Sec./Gram.</i>	<i>Totals</i>
Unsatisfactory footwear	..	1.9	1.8	2.1
Satisfactory footwear	..	98.2	98.2	97.9
Unclean feet	..	1.0	2.0	2.4
Unsatisfactory socks	..	0.4	0.8	0.7
Foot deformities	..	0.6	0.5	0.6
Corns	..	0.3	1.1	0.9
Foot infections	..	0.4	2.0	3.8

TREATMENT

Table 13. Details of treatment given

Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	589
Errors of refraction (incl. squint) ..	904
Total	1,493
Number of pupils for whom spec- tacles were prescribed	1,838

Diseases and Defects of Ear, Nose and Throat

	<i>No. of cases known to have been dealt with</i>
Received operative treatment	
(a) for diseases of the ear ..	3
(b) for adenoids and chronic tonsillitis	365
(c) for other nose and throat conditions	175
Received other forms of treatment	513
Total	1,056

Total number of pupils in schools
who are known to have been
provided with hearing aids

(a) in 1972	25
(b) in previous years	169
	194

*No. of cases known
to have been dealt with*

Orthopaedic and Postural Defects

Number treated in clinics or out-patients' departments	228
Total	228

Diseases of the Skin

Ringworm—(i) Scalp	—
(ii) Body	4
Scabies	16
Impetigo	22
Other Skin Diseases	255
Total	297

Child Guidance Treatment

Number of pupils treated at Staffordshire Child Guidance Clinics	472
Number of pupils treated by other LEAs	1
Total number of pupils who had Child Guidance	473

*No. of cases known
to have been dealt with*

Speech Therapy

Number of pupils treated by Speech Therapists at Staffordshire Clinics	1,507
Number of pupils treated at other LEAs' clinics	20
Number of pupils treated at N.H.S. Hospitals	9
	<hr/>
Total	1,536
	<hr/>

Other Treatment Given

Abdominal defects	230
Chiropody	1,497
Heart conditions	65
Infectious diseases	8
Injuries	142
Respiratory defects	164
Other	757
	<hr/>
Total	2,863
	<hr/>

Pupils who had a period of convalescence under School Health Service arrangements	39
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Pupils who received B.C.G. Vaccination	6,813
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Table 14.

SCHOOL HEALTH SERVICE CLINICS

(less the Excepted Districts of Aldridge/Brownhills and the Borough of Newcastle)
as at 31/12/72

Name of Clinic	Address	Minor Ailments Clinic held	Dental Clinic held	Ophthalmic Clinic held	Speech Therapy Clinic held	Remedial Exercises Clinic held
Ashley	C The Clinic, Old School Lane (Tel. Ashley 2770)	1-30—2-0 p.m. Tues. fortnightly	—	—	—	—
Audley	C District Council Office (Tel. Stoke-on-Trent 720343)	1-30—2-0 p.m. Tues. weekly	—	2-0—5-0 p.m. Fri. once or twice termly	—	—
Barton-under- Needwood	(1) Central Hall Crowberry Lane	1-30—2-0 p.m. Tues. fortnightly	—	—	—	—
	C (2) Dr. Taylor's Surgery	—	—	—	—	—
Biddulph	Δ Princess Street (Tel. Stoke 512040)	9-0—10-30 Fri. weekly	M.D.U. (by appointment)	Wed. 6-0— 9-0 p.m. monthly	S	9-0—12-30 Fridays
Brewood	C Δ Dr. Cheshire's Surgery Sandy Lane (Tel. Brewood 850 206)	1-30—2-0 p.m. Wed. every four weeks	—	1-30—4-0 Mons. twice a term	—	—

Name of Clinic	Address	Minor Ailments Clinic held	Dental Clinic held	Ophthalmic Clinic held	Speech Therapy Clinic held	Remedial Exercises Clinic held
Cannock	C Δ † (1) Beecroft Road (Tel. Cannock 3715)	9-0—10-30 Mon. & Thurs. weekly	Daily 9-0—12-30 (not Sats.)	1-45—4-45 Fris. 9-15—12-15 occasionally	1-30—4-30 Mons. and Tues. & Weds. 9-0—4-30	9-30—12-30Weds. Fris. fortnightly
	C (2) Arthur Street, Chadsmoor (Tel. Cannock 2096)	9-0—10-30 Weds. fortnightly	—	—	9-0—12-30 Thurs.	—
	Δ C (3) Eskrett St., Hednesford (Tel. Hednesford 2247)	9-0—10-30 Wed. weekly	Mon., Wed. 1-30—5-0 p.m.	1-45—4-45 Weds. monthly	9-0—12-30 Mon.	—
	(D.N.) (4) Clarion Way off Pye Green Road, West Chadsmoor. (Tel. Hednesford 3262)	1-0—2.0 Mons.	—	—	—	—
Chase Terrace	(D.N.) Salters Meadow C Group Practice Centre Sankey's Corner (Tel. Burntwood 2611)	9-0—10-30 Tues. weekly	—	—	—	—
Cheadle	C Δ Well Street (Tel. Cheadle 3306)	9-0—10-30 Tues. fortnightly	Daily 9-0—5-0 (not Sats.)	6-30—9-30 Weds. evenings fortnightly	S	9-0—10-0 Tues. fortnightly (N.P.)
Cheddleton	Methodist Church Room Ostlers Lane, off Hollow Lane, Cheddleton	1-30—2-0 Fri. fortnightly	—	—	—	—
Cheslyn Hay	Junior School Hatherton Street (Tel. Cheslyn Hay 414596)	9-0—10-30 Mon. fortnightly	—	—	—	—
Codsall	C Δ Elliotts Lane (Tel. Codsall 3738)	9-0—10-30 Tues. fortnightly	Daily 9-0—5-0 (not Fris. or Sats.)	9-30—12-30 Weds. monthly	9-0—12-30 Thursday	9-30—12-30 Mons. fortnightly
Derrington	C Village Hall	—	—	—	—	—
Eccleshall	C Methodist School Stone Road	9-0—9-30 Fri. fortnightly	—	—	9-0—12.00 Mon	—

Name of Clinic	Address	Minor Ailments Clinic held	Dental Clinic held	Ophthalmic Clinic held	Speech Therapy Clinic held	Remedial Exercises Clinic held
Endon	C Parish Hall Station Road	—	—	—	—	—
Essington	C Methodist Sunday School Essington Wood	1-30—2-0 p.m. Wed. weekly	—	—	—	—
Fazeley	C 6, Victoria Drive	—	—	—	—	—
Featherstone	United Methodist Chapel Cannock Road	9-0—10-30 Fri. weekly	—	—	—	—
Gnosall	C Memorial Institute	—	—	—	—	—
Great Wyrley	Great Wyrley Health Centre Wardles Lane (Tel. Cheslyn Hay 415515)	9-0—12-00 Wed. fortnightly	—	—	—	—
Halmerend	Central Methodist Chapel High Street (Tel. Stoke 720343)	1-30—2-0 Wed. fortnightly	—	—	—	—
Harriseahead	Long Lane, Harriseahead (Tel. Stoke 512667)	1-30—2-0 Tues. fortnightly	—	—	—	—
Hixon	C Church Hall	—	—	—	—	—
Huntington	St. Thomas' Church Institute Stafford Road, Huntington	9-0—10-30 Thurs. fortnightly	—	—	—	—
Kidsgrove	C Δ \ddagger Child Health Clinic Liverpool Road (Tel. Kidsgrove 2289)	9-0—10-30 Mon. fortnightly	M.D.U. (by appointment)	2-0—5-0 p.m. Fri. fortnightly	S	9-0—12-30 Thurs.
Kinver	Δ High Street Tel. Kinver 2999	9-0—10-30 2nd Fri. in month	(by appointment)	6-0—9-0 p.m. Weds. monthly	—	9-0—12-30 Tues. weekly

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Leek	C (1) Cripples Aid Society Clinic Salisbury Street ST13 5EE (Tel. Leek 3313)	9-0—10-30 Mons. weekly	Daily 9-0—5-0 (not Sats.) (Tel. Leek 2110)	6-0—9-0 p.m. Thurs. Fri. 2—5 occasionally	S	[†] Mons., Fris. 9-0—4-0 (R.H.B. Clinic)
	C Δ (2) Haregate Road (Tel. Leek 2886)	—	—	—	—	—
Lichfield	(1) Sandford Street (Tel. Lichfield 51212)	—	Daily 9-0—5-0 (not Sats.) (Tel. 51214)	—	—	9-0—4-30 Fris.
	C Δ (2) Red Court House Tainworth Street (Tel. Lichfield 3656)	9-0—10-30 Wed. fortnightly	—	9-30—12-30 Thurs. 9-30—12-30 Fri. 9-30—12-30 Mon. fortnightly	—	—
Longnor	C Sheffield House Cottage	—	—	—	—	—
Madeley	C Village Hall, Furnace Lane	9-0—10-30 Thurs. fortnightly	—	—	2-0—5-0 p.m. Fri. twice termly	—
Mayfield	C Village Hall	—	—	—	—	—
Norton Canes	Community Centre Brownhills Road (Tel. Heath Hayes 79495)	10-45—12-0 Mon. fortnightly	—	—	—	—
Pattingham	C Community Centre	—	—	—	—	—
Penkridge	C Health Centre St. Michael's Road (Tel. Penkridge 2300)	9-0—10-30 Thurs. fortnightly	—	—	—	—
Rolleston	Δ C Commemoration Hall	1-30—2-0 Weds. 1st and 3rd in month	—	—	—	—

Name of Clinic	Address	Minor Ailments Clinic held	Dental Clinic held	Ophthalmic Clinic held	Speech Therapy Clinic held	Remedial Exercises Clinic held
Rugeley	C Δ (D.N.) Health Centre, Horsefair (Tel. Rugeley 3291 and 2244)	9-0—10-30 Mon. weekly	Mon. & Tues. 9-0—5-0 Wed. 1.30—5-0 Thur. and Fri. 9-0—12-30	1-45—4-45 Fri. fortnightly	9-0—4-30 Weds.	9-0—12-30 Mons. fortnightly
Stafford	C Δ [†] (1) Lammascote Road (Tel. Stafford 3950)	9-0—10-30 Daily except Tues. and Sat.	Daily 9-0—5-0 (not Sats.)	1-30—4-45 Weds. 9-15—12-15 Fri. fortnightly	—	9-0—4-30 Thurs. weekly
	C (2) North Walls (Tel. Stafford 2301)	—	—	—	9-30—12-30 alternate Mons. 1-30—4-30 Mons. 9-0—4-30 Tues. & Weds.	—
	Δ C (3) Rising Brook off John Amery Drive (Tel. Stafford 3372)	9-0—10-30 Thurs. weekly	Mon. 9-0—5-0 p.m. Mon. p.m. occ- Tues. 9-0—12-30 asionally 1-45— Wed. & Thurs. 4-45. Wed. a.m. 9-0—5-0 p.m. fortnightly 9.15— 12-15	9-0—12-30 Daily	9-0—12-30 Tues. weekly	9-0—12-30 Tues. weekly
Stone	C Δ (1) [‡] St. Michael's Hall Lichfield Road (Tel. Stone 2433)	9-0—10-30 Thurs. weekly	—	1-30—4-30 Mons. monthly	9.00—12-30 Tuesday	—
	(2) Kitchener Institute Victor Street (Tel. Stone 3909)	—	Daily 9-0—5-0 (not Sats.)	—	—	—
	(3) Community Centre, White Mill Lane, Walton	—	—	—	—	9-00—12-30 as required Mon.
Talke	C Δ Cross House, Swann Bank (Tel. Kidsgrove 2998)	9-0—10-30 Thurs. weekly	—	—	—	—

Name of Clinic	Address	Minor Ailments Clinic held	Dental Clinic held	Ophthalmic Clinic held	Speech Therapy Clinic held	Remedial Exercises Clinic held
Tamworth	C Δ Health Centre Upper Gungate (Tel. Tamworth 66821)	9-0—10-30 Thurs. weekly	Mon. 1-30—5-0 Tues. 9-0—12-0 Wed. 9-0—12-0 Thurs. 9-0—5-0 Fri. 9-0—12-0	1-45—4-45 Tues. fortnightly	S	—
Tutbury	C Δ (1) St. Mary's Church Hall	1-30—2-0 Fri. fortnightly	—	2-0—5-0 Fri. termly	—	—
Uttoxeter	C Δ Heath House Cheadle Road (Tel. Uttoxeter 2555)	9-0—10-30 Fri. weekly	9-0—5-0 —Daily (not Saturdays) (Tel. Uttoxeter 2377)	6-0—9-0 p.m. Mons. fortnightly	9-0—12-30 Thursdays and Mons. fortnightly	9-0—12-30 Wed. weekly
Werrington	Village School Hall Ash Bank Road	9-0—10-30 Wed. monthly	—	—	—	—
Wetley Rocks	C Village Hall	—	—	—	—	—
Wheaton Aston	C Village Hall	—	—	—	—	—
Wilnecote	C Community Centre	—	—	—	9-30—12 noon 1st & 3rd Thurs. monthly	—
Wombourne	C Δ Mill Lane (Tel. Wombourne 2495)	9-0—10-30 Tues. fortnightly	M.D.U. (by appointment)	9-30—12-30 Weds. monthly	S	—

* Clinics are also held on these premises as and when necessary.

† Ultra Violet Light Clinics held on these premises once or twice weekly.
(D.N.) Doctor's Clinic alternating with Nurse's Clinic.

For details of Child Guidance Clinics please see page 44.

(N.P.) Remedial Exercise Clinic staffed by a nurse who is not a qualified physiotherapist.
S Speech Therapy Clinic which will be manned as and when the staffing situation allows.

Δ E.N.T. Clinics held as and when required.

C Chiroprody Clinics—by appointment.

Table 15. Summary of Clinics

<i>Kind of Clinic</i>						<i>Number of premises used</i>
Dental						*26
Minor Ailment						39
Ophthalmic						20
E.N.T.						17
Chiropody						42
Speech Therapy						21
Physiotherapy						9
U.V.L.						3

* includes four mobile clinics.

Table 16. Minor Ailments Clinics

No. of Clinics	39
No. of Clinic Sessions	1,001
No. of first visits	934
No. of re-visits	2,017

The children, attending minor ailment clinics for the first time, were found to have 1,446 conditions requiring treatment.

The School Medical Officers also carried out the examinations detailed in Tables 4 to 6 on pages 15 and 16 at School Clinics generally after the minor ailment clinic had been held.

Table 17. Diseases and Defects found at Minor Ailment Clinics

	<i>Disease or Defect</i>					
Defective vision						142
Squint						11
Blepharitis						4
Conjunctivitis						5
Styes						32
Other eye defects						24

Enlarged tonsils and/or adenoids	..	..	51
Other defects of nose and throat	..	..	38
Defective hearing	..	..	122
Otitis media	..	..	6
Other defects of ears	..	..	27
Speech defects	..	..	41
Cough or catarrh	..	..	39
Bronchitis	..	..	5
Asthma	..	..	8
Ringworm—Body	..	..	4
Scabies	..	..	15
Impetigo	..	..	22
Septic sores	..	..	49
Warts—General	..	..	175
Plantar	..	..	154
Boils	..	..	29
Other skin defects	..	..	41
Major injuries (including fractures)	..	..	5
Burns	..	..	8
Sprains or strains	..	..	41
Other minor injuries	..	..	64
Heart conditions	..	..	10
Rheumatic conditions	..	..	1
Debility and malnutrition	..	..	28
Posture	..	..	2
Flat Feet	..	..	39
Other orthopaedic defects	..	..	99
Other defects	..	..	105
			1,446

Table 18. Ophthalmic Clinics
Visual and External Eye Defects

Number of individual examinations ..	5,285
No. of children attending for the first time ..	2,382
No. of re-visits	2,903
No. of children for whom spectacles were prescribed	1,838
No. of ophthalmic clinic sessions	486

Analysis of major defects found among new cases:—

Errors of Refraction:—

Hypermetropia	165
Hypermetropic astigmatism	73
Compound hypermetropic astigmatism	84
Myopia	326
Myopic astigmatism	65
Compound myopic astigmatism	45
Mixed astigmatism	46
	804

Diseases and other Abnormalities:—

Amblyopia	36
Anisometropia	127
Colomboma of choroid	1
Albinism	1
Aphakia	2
	167

Lids and conjunctiva:—

Blepharitis	1
Ptosis	3
Epicanthus	93
Dermoid Cyst	1
	98

Muscles:—

Nystagmus	5
Strabismus	136
Exophoria	10
	151

Vision testing of all children in their odd-numbered age groups, starting at 5 years, continued to be carried out by the nursing staff.

The total number of children examined was 540 more than in the previous year and the number of re-visits decreased by 80.

The system has continued whereby a school nurse is engaged whole time in undertaking a more comprehensive assessment of the vision of the 7-year age group. 6,762 children were examined, 1,441 were found to have defective vision of whom 542 were already under treatment and supervision. All the 899 newly found cases were offered examination at School Eye Clinics except of course for those who preferred to make their own arrangements.

To the 178 old cases of squint were added 136 children newly found to be suffering from squint and a number were referred to various hospitals for orthoptic treatment or operation.

Altogether 7,375 clinical appointments with an eye specialist were offered. Of 2,090 children who did not attend, 1,160 were stated by their parents to be attending, or making their own arrangements to attend, opticians, and hospitals, and private consultants. The parents of most of the remainder requested, and were given, further appointments. Those who appeared to be doing nothing about their child's vision were visited by school nurses to determine the reason for failure to obtain treatment.

Since it is part of the duty of the School Health Service to ensure that all children get appropriate treatment, every known case was followed up until a satisfactory conclusion was reached.

Chiropody

The year began well with the best staffing situation for several years which enabled a reasonable standard of service to be provided in most parts of the County. In order to make the best use of the Chiropody Service the chiropodists were used mainly for clinic work and were not required to participate in routine school inspections. It was, however, hoped that the chiropodists would be able to resume school inspections when the clinic needs of the service were being adequately met.

The involvement of chiropodists in foot inspections provides the avenue for the continuing development of the chiropodial/orthopaedic work. The results from prescribing appliances for schoolchildren have already amply justified the work of the appliance laboratory and has continued to promote the closer working of doctors, chiropodists, and other members of staff in the foot health problems of the young. A quickly developing aspect of the appliance service is the help that can be given to children who have problems of posture with correlated problems of gait.

Undoubtedly, many of the problems of foot health encountered among schoolchildren can be attributed to ill-fitting or unsuitable footwear, which points to the need for increased health education particularly as related to fashion shoes.

The last few months of the year saw some deterioration in the Chiropody Service due to the loss of several full-time chiropodists.

A more pleasing development in the service was the appointment of a full-time technician to the appliance laboratory in August. Subject to an improvement in the staffing position the increasing provision of appliances should result in a more satisfactory level of treatment for many children.

All improvements in the range and quality of chiropodial treatments for schoolchildren in the foreseeable future will only serve to highlight the serious needs for foot-care among children. A dramatic increase in the availability of full-time chiropodists and total resources would be required properly to contain the need for the school chiropody service.

1,340 schoolchildren were registered for chiropody treatment during 1972.

Table 19. Physiotherapy Clinics.

	No. of children referred	No. of children whose treatment was completed	No. of children discharged	No. on Register at 31/12/72	No. of treatments given
Biddulph	12	9	7	141
Cannock	67	35	13	505
Codsall	18	8	5	120
Kidsgrove	29	16	9	190
Leek	7	—	—	17
Rugeley	5	2	—	7
Stafford	38	27	16	570
Uttoxeter	16	16	1	7
Walton Hall	3	1	—	161
	<hr/> 195	<hr/> 114	<hr/> 51	<hr/> 95	<hr/> 2,031

In the previous year 152 children were referred for treatment and 100 children completed their treatment.

The number of treatments given in the previous year was 2,030 and the number discharged was 92.

The following table shows the main defects which were having or awaiting treatment at the end of the year.

Table 20.

	Posture	TREATED DURING THE YEAR			Awaiting Treatment at 31/12/72
		Breathing exercises	Defects of legs & feet	Other	
Biddulph	9	45	29	24
Cannock	34	152	78	64
Codsall	3	—	71	11
Kidsgrove	26	89	34	27
Leek	—	—	4	10
Rugeley	—	3	55	9
Stafford	55	12	172	39
Uttoxeter	—	52	30	4
Walton Hall	18	—	2	71
	<hr/> 145	<hr/> 353	<hr/> 475	<hr/> 259	<hr/> —

Ear, Nose and Throat

1,613 children were referred for examination at 84 clinic sessions compared with 1,402 in the previous year. 1,278 children were examined by the part-time County Ear, Nose and Throat Consultant and of these 712 were found to have significant defects. (Table 22 gives the analysis of defects found.) Out of this number 281 (290 in 1971) were subsequently referred to hospital for treatment. The majority were suffering from enlarged tonsils and/or adenoids or required investigation of sinus infection. Those who needed non-operative treatment were referred to their own doctor.

There were 76 children found to be suffering from some degree of deafness, of whom 20 were recommended for a special school and of this number 13 were admitted and the remaining 7 children were on the waiting list at the end of the year. Twenty-four children were referred to the peripatetic teaching service. Twenty-five children were provided with hearing aids and 7 children were given the benefit of a place near to the teacher during oral instruction and given as much additional help as possible at the ordinary day schools.

In addition, 183 children with enlarged tonsils and adenoids were considered by the School Medical Officers to require treatment and were referred to hospital after notification had been sent to the family doctor.

A total of 464 children was referred to hospital.

Fifty-seven children attended the Stoke-on-Trent Authority's audiology clinic at Shelton. This was a great help in assessing their hearing abilities and educational requirements and in giving guidance to parents.

In addition, day units for pre-school children with hearing defects are situated at Lichfield and Stafford.

Deaf and Partially Hearing Children

Partially hearing children, potentially suitable for admission to Needwood Special School, from Staffordshire and other Local Education Authorities, were examined during the year by the Diagnostic Team which consists of the County E.N.T. Consultant, the Headmaster of Needwood School and the Senior Medical Officer for Schools. The Team held 4 diagnostic sessions at the School and saw 20 children as a result of which 5 Staffordshire children and 11 children from other L.E.A.s. were found suitable for admission.

The E.N.T. Consultant also made 4 routine visits to advise and supervise treatment of children at Needwood.

<i>Recommendations for Special schooling</i>	<i>children</i>
for Needwood Special School	5
for the Mount School, Stoke-on-Trent	2
for the Braidwood Day School, Birmingham	1
for the Royal School for the Deaf, Derby	1
	—
	9
	—

Altogether twelve deaf and twelve partially hearing children were admitted to special schools during the year.

The following tables give details of the work which has been carried out at the various ear, nose and throat clinics.

Table 21. Summary of Statistics relating to Ear, Nose and Throat Clinics 1972

Clinic	No. of Sessions	No. of children referred for examination	No. of children who did not attend	No. of children found to have defects	No. of children referred to Hospital	No. of children not needing treatment or observation	No. of children not needing treatment or observation
Biddulph	1	17	3	9	4
Cannock	19	346	78	171	5
Cheadle	2	40	3	21	84
Codsall	1	22	5	12	8
Hednesford	6	120	16	60	5
Kidsgrave	2	40	8	15	20
Kinver	1	15	4	8	44
Leek	1	19	5	12	3
Lichfield	11	218	45	97	17
Penkridge	1	20	3	8	2
Rolleston	1	20	5	8	3
Rugeley	10	181	40	72	2
Stafford	13	260	63	97	25
Stone	1	21	4	10	5
Tamworth	7	138	24	64	7
Uttoxeter	5	95	21	32	50
Wombourne	2	41	8	16	42
							17
		84	1,613	335	712	281	566

Table 22. Analysis of defects found at County Ear, Nose and Throat Consultant Clinics

Tonsils and/or adenoids	247
Catarrhal otitis media	191
Chronic otitis media	8
Radical mastoid	4
Healed suppurative otitis media	24
External otitis and aural polypi	15
Deafness	76
Sinus investigation	54
Rhinitis	2
Epistaxis	6
Wax	74
Speech defect	3
Mouth breather	3
Dental defects	2
Eustachian obstruction	2
Cleft Palate	1
	712

Peripatetic Service for Partially Hearing Children

This report has been prepared from information supplied by three peripatetic teachers who are specially qualified to teach children with hearing defects and the table below shows the numbers of boys and girls, in the various age groups, who were receiving the benefit of this service at the end of the year.

Table 23

Years	0-1	1-2	2-3	3-4	4-5	Over 5	Total
	—	2	7	9	14	133	165

At the same time, there were 25 other children whose names were on the waiting list for visiting.

Many of the children, especially those in the pre-school age groups, were visited weekly for the purpose of auditory training and parental guidance. Where necessary, to assist the children and to check their progress, speech training units are in use.

In addition to the domiciliary visits made by the peripatetic teachers, they also visited schools to give help, not only to the children, but also to their class teachers to enable the latter better to understand the problems of the child with partial hearing.

The degree of hearing impairment and extent of the disability varies widely with each age group. In the case of children suffering from conductive deafness, there is hope of improving their hearing by remedial treatment, although in some cases recurring infection proves to be a considerable handicap to a child's normal educational progress.

Audiometric Survey

The audiometrists continued to test the hearing of children of 6 years of age, *i.e.* those born in 1966. Children of various ages, who were presented by head teachers because of a suspicion that hearing was defective, continued to be seen.

The County Council, in co-operation with Newcastle Excepted District, continued to employ a part-time audiometrist for two sessions per week in the north of the County.

Table 24.

	No. examined	No. with hearing abnormal	% with hearing abnormal
Absentees in 1971	1,407	240	17%
Children of 6 years of age ..	9,054	930	10%
Children of various ages pre- sented by teachers ..	215	74	34%
	10,676	1,244	

Number of schools visited: 298 compared to 285 in 1971.

In addition, there has been a re-test of 540 children whom it has been considered advisable to keep under supervision. Of these 316 were still found to have a loss of hearing and arrangements were made for them to be examined by the County Ear, Nose and Throat Consultant or Departmental M.O.s.

Teachers presented 215 children, whose hearing ability was suspect in their opinion, to the visiting audiometrists. They were children of all ages outside the 6-year age group being tested. No less than 74, or 34%, were found to have a hearing loss requiring further investigation which was arranged.

There were 918 children absent from school at the time of the audiometrists' visits and arrangements will be made for them to be tested during 1973.

The 1,244 children found by the audiometrists to have defective hearing were referred for examination to the County Ear, Nose and Throat Consultant and during the year it was possible to make appointments for 1,116 of them at the various clinics. Of that number 515 were found to require treatment and an analysis of the conditions found is given in the following table.

Table 25. Analysis of Cases of Suspected Deafness referred to County Ear, Nose and Throat Consultant from Audiometric Survey

Significant Deafness

A. Removable:

Deafness due to wax .. .. .. ..	..	63
Catarrhal deafness following infection .. .. .. ..	..	25
		—
		88
		—

B. Probably Permanent:

Congenital malformation of ear .. .. .. ..	..	2
Deafness due to congenital, nerve and mixed causation (of varying degrees of severity) .. .. .. ..	..	41
		—
		43
		—

Conditions other than Deafness

A. Infective:

Tonsils and/or adenoids .. .. .. ..	..	186
Catarrhal otitis media .. .. .. ..	..	85
Chronic otitis media .. .. .. ..	..	48
Healed suppurative otitis media .. .. .. ..	..	8
Acute suppurative otitis media .. .. .. ..	..	6
External otitis and aural polypi .. .. .. ..	..	8
Radical mastoid .. .. .. ..	..	1
Sinus infection .. .. .. ..	..	29
		—

371

B. Non-infective:

Mouth breather ..	..	..	..	..	2
Speech defects ..	..	..	..	..	3
Epistaxis ..	..	..	..	..	1
Rhinitis ..	..	..	..	..	1
Cleft Palate ..	..	..	..	..	1
Deviated septum ..	..	..	..	..	2
Dental defects ..	..	..	..	..	1
Unco-operative ..	..	..	..	..	2
					—
					13
					—
Grand Total	..	..	..	..	515
					—

The children in the "Probably Permanent" group were suffering from defects most of which could be assisted by the provision of a hearing aid. In the group of "Infective Conditions", the vast majority can be cured or improved by early medical treatment but, in the absence of this, permanent loss of hearing might develop.

The 63 children with wax in their ears had some degree of deafness which only constituted a handicap until the wax was removed.

Hearing Aids

It is known there are 194 children in this County who have been fitted with hearing aids and of this number, 25 were newly supplied during the year.

Child Guidance

Reference was made in the 1971 Annual Report to the repercussions on the Child Guidance Service of the Social Services Act of 1970. While the difficulties then mentioned have not been completely resolved, efforts have continued to ensure a close liaison between the Child Guidance Service and the staff of the Social Services Department, in the interests of the children served.

The Child Guidance Service consists of the Child Guidance Clinics, directed by the Principal Medical Officer for Mental Health, and the School Psychological Service, under the control of the Senior Educational Psychologist. Difficulties in the recruitment of an adequate number of psychiatric social workers remain and only a very limited

amount of time is available for home visiting. At the end of the year there were four psychiatric social workers, working a total of 27 sessions per week. The total number of clinic sessions with psychiatrist in attendance was 609 and the number of children treated 472. One Staffordshire child was treated by another Local Education Authority. Twenty-four children were seen at the Lichfield clinic on behalf of Burton on Trent Authority. Children referred during the year totalled 335 and the new cases, i.e. those seen by the psychiatrist for the first time amounted to 316. Of these 13 were under the age of five. For reasons explained in the 1971 report, the policy of providing, as far as possible a diagnostic service in the Newcastle area, with but limited actual treatment of individual children, has continued. Evening clinics continue at Lichfield to the advantage of the adolescents and those working parents who are able to attend more readily.

Details of the clinics are given in the table following:

Table 26. Child Guidance Clinics

Stafford	13 Lichfield Road (Tel. 52318)	Tuesdays and Fridays	Dr. Hazel Baker
Newcastle	Brampton Trees Hanover Street (Tel. 610896)	Tues., Thurs. a.m. and alternate Tues. and Thurs. p.m.	Dr. W. Johnson
Lichfield	Sandford Street (Tel. 51212)	Mondays, Wednesdays and Thursdays	Dr. Hazel Baker
Wombourne	Mill Lane Wombourne (Tel. 2495)	Thursday a.m.	Dr. K. Keane

Speech Therapy

During the year the Committee twice considered reports on the Service. Firstly, and in the light of the College of Speech Therapists' recommendation that there should be a whole-time therapist to every 10,000 children, the County's establishment was reviewed. On that basis, the establishment should have been 10.2 whole-time therapists, whereas there was an establishment of only 5.5. As an initial step to improve the staffing position since, there were indications that more therapists were available than had been the case for some previous years, the establishment was increased immediately by 1.2, which gave a total establishment of 6.7 therapists, including a senior therapist.

The second report was also concerned with a new establishment which is to come into operation after the 1st April, 1973. For convenience, the County will then be divided into three areas, each under the supervision of the Chief, or a Senior Therapist. The establishment will then be 1 Chief Therapist,

2 Senior Therapists and a staff of 6.7 other therapists. A much improved service to special schools and diagnostic units should result and it is hoped to attract additional staff to come to work in this County now there are better career prospects in the Service.

As a result of advertising a new whole-time therapist was appointed to the staff in October. Unfortunately, however, two months earlier two of the whole-time members of the staff left the Service because of family commitments. By the end of the year, in addition to the Senior Speech Therapist, there were eight other staff in post and together these nine persons' time was equivalent to 5.5.

Reference to Table 27 will show most of the work was undertaken in clinics throughout the County but some treatment was undertaken at three special schools and a few children had the benefit of supervision on a peripatetic basis.

In some of the busier clinics the length of the waiting list led to a slight reduction in the average time of treatment so that some children only had an average of 20 instead of 30 minutes' treatment per session.

Table 27. Speech Therapy Clinics

Summary of Statistics relating to Children having Speech Therapy during the year.

Place	No. of Children having periodic observation at 31/12/72	No. of Treatments given during year	No. of Children under Treatment at 31/12/72	No. of Children awaiting Treatment at 31/12/72	No. of New Cases during the year	No. of Children discharged during the year
Audley ..	21	196	10	1	52	23
Biddulph ..	34	445	26	5	54	37
Cannock ..	65	985	61	11	141	129
Chadsmoor ..	13	293	20	2	30	35
Cheadle ..	13	218	17	12	41	25
Codsall ..	27	258	10	—	32	35
Eccleshall ..	—	63	—	—	7	12
Gt. Wyrley ..	26	343	13	10	44	25
Hednesford ..	13	290	15	—	21	37
Kidsgrove ..	52	324	15	1	48	30
Kinver ..	16	407	20	7	50	36
Leek ..	62	740	37	3	73	39
Lichfield ..	54	476	23	24	52	34
Penkridge ..	7	46	6	2	9	1
Rising Brook ..	33	537	15	5	46	41
Rugeley ..	28	379	50	42	51	26
Stafford ..	40	760	58	26	144	121
Tamworth ..	—	197	—	—	56	17
Uttoxeter ..	48	121	23	13	13	5
Walton (Stone) ..	—	59	—	—	5	8
Wombourne ..	17	510	12	8	50	61
Peripatetic ..	15	308	10	—	27	50
Walton Hall ..	—	136	—	—	4	4
Wightwick Hall ..	3	353	9	—	4	5
William Baxter ..	18	132	8	—	5	20
Grand Total	605	8,576	458	172	1,059	856

Table 28. Conditions found during the year

<i>Diagnosis</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Cleft palate 26 5 31			
Dysarthria 27 20 47			
Dysenia 12 6 18			
Dyslalia (multiple) 376 135 511			
Dyslalia (simple) 124 76 200			
Dysphasia 7 7 14			
Dysphonia 2 3 5			
Idioglossia 6 1 7			
Indistinct speech 1 — 1			
Nasality (excessive) 6 5 11			
Retarded language 196 83 279			
Retarded speech 152 63 215			
Stammering 108 22 130			
Stammering and Dyslalia 29 9 38			
 Totals 1,072 435 1,507			

Table 29.

<i>Hospital or Authority's Clinic</i>	<i>No. of Children having speech therapy at 31/12/72</i>
Burton-on-Trent C.B. 4	
North Staffordshire Royal Infirmary 20	
Stoke-on-Trent City 5	
	<hr/>
	29

Hospital Treatment

Table 30.

(i) *Treatment of Tonsils and Adenoids:*

No. of children referred by School Medical Officers and County E.N.T. Consultant ..	464
No. of children so referred who received operative treatment	241
Total number of children notified by hospitals who received operative treatment	365
No. who had treatment for other ear, nose and throat conditions	513
No. of children awaiting treatment ..	528

Full information is not received from all hospitals in regard to treatment of these cases. Hospitals endeavour to co-operate by giving priority to urgent cases, but there is often a substantial period of waiting involved before the operative treatment can be obtained. The School Health Service helps by continuously reviewing the children on the waiting lists.

(ii) *Orthopaedic Treatment:*

No. of Children referred to orthopaedic clinics ..	59
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Table 31.

*No. of children newly
referred to Hospitals
during the year*

(iii) *Orthoptic Treatment:*

Birmingham & Midland Eye Hospital	2
Burton-on-Trent Hospital	17
Derby Royal Hospital	8
Lichfield Victoria Hospital ..	90
North Staffs. Hospital Centre ..	72
Staffordshire General Infirmary ..	142
Tamworth, St. Editha's Hospital ..	83
Walsall General Hospital	32
Wolverhampton Eye Infirmary ..	69
	515

REPORT OF THE COUNTY PRINCIPAL SCHOOL DENTAL OFFICER

By 31st December, 1972 the school population had risen to 105,491 (as against 101,973 in 1971). The dental officer strength was down slightly on last year from 12.9 to 11.5. The average number of children per whole-time dental officer therefore went up, for these two reasons, from 7,900 to 9,173. Between two and three times the number of dental officers are required to provide a satisfactory service in this generally under-dentisted area, having regard to the high incidence of dental decay.

Dental Inspection (Figures in brackets – 1971)

During the year 27,011 (20,650) or only 26% (20%) received a routine dental inspection at school. 204 (173) dental officer sessions were devoted to this work. A further 8,052 (8,806) or 7.6% (8%) of the school population were inspected at a clinic – 2,028 (2,050) because of pain or sepsis. A total of 35,063 (29,459) or 33% (29%) of the school population therefore was inspected, of whom 1,364 (1,553) were re-inspected in the course of the year.

Of the number inspected 20,733 required treatment and treatment was offered to 19,293.

Dental Treatment

A summary of dental treatment provided is given on pages 54 and 55 which shows that 5,074 (5,408) sessions were devoted to treatment.

Total visits for treatment were 29,331 (32,653), courses of treatment completed 11,010 (12,030), fillings 28,172 (30,733), extractions 12,299 (13,405).

The above figures reflect the drop in the number of sessions devoted to treatment caused by the slight loss of staff.

General Remarks and Conclusions

There is no short cut to the dental health of school children. There is no panacea for dental disease. The present situation is one of a much too small staff coping with an equally too small fringe of a large school dental problem.

Increasing nationally the number of places in dental schools is not certain to provide more professional dental manpower in the school dental service. The current increase in places for medical students, who must be fished from the same medical sixth-form pool as dental students, is bound to depress

both the number and the standard of the dental "catch" and it is likely to be even more rare to find a dentist who is keen enough to turn aside the obvious financial advantages of piecework under the general dental and private dental services in favour of "community dentistry". Ways and means of improving the lot of "community dentists" are beyond the scope of this report but ways and means of improving, if only eventually, the dental state of school children are not.

It is of interest to note that more dentistry is provided under the general dental service than under the school dental service and while exact comparisons cannot be made, the following figures are taken from 'On the State of the Public Health 1971' – H.M.S.O.

1970 Full courses of treatment 0-16 years 6,043,000 (G.D.S.)

No. of children treated 5-16 years 1,230,000 (S.D.S.)

1970 Full courses of treatment 0-5 range by G.D.S. 540,000

No. of children treated 0-5 range by S.D.S. 69,000

The following remarks are aimed at (1) making the best use of dental manpower and in the long term, (2) preventing dental disease.

(1) (a) *The First Permanent Molar* – This is the tooth which erupts behind all the temporary dentition in all four quadrants. This is the tooth which so many parents insist to dentists, in much too late consultations, is only a "milk tooth" and may be appalled when they are eventually convinced that it is a "second tooth". This is the tooth which some orthodontists used to consider the "keystone" of the dental arch, to be lost only as a last resort. This is the tooth which was extracted, almost on sight, through another school of thought. This is the tooth, found sometimes at the age of 12-14 years very heavily filled and still prone to decay having caused the tooth in front to erupt uselessly out of the arch and the tooth behind to decay through stagnation of food debris – a potential three extraction situation. The prevention of this situation must lie in individual treatment planning at the earliest stage of dental care. The first point, therefore, must be careful inspection by an experienced diagnostician and the preparation of a treatment plan. The mere finding and filling (many times unwisely) of holes, great and small is not sufficient.

- (b) Delegation of dental care. Having decided on a plan of dental care, full use should be made of ancillary help by dental auxiliaries and dental hygienists. The fact that there is only one school in the United Kingdom to train dental auxiliaries – a maximum of 50 per year – is regrettable and an expansion during the next decade must surely come.
- (c) There is more than a point in confining the school dental service to the number of children who can be inspected and treated annually and as these children become more and more dentally fit, more and more children may be included in the scheme each year. Such a scheme restricts itself to some extent by the unequal distribution of dental officers and priority is given to Infant and Junior Schools in the hope that Secondary school children will find treatment through the general dental service.

(2) *Preventing dental disease.*

Dental disease is preventable. This is a statement with a scientific basis.

- (a) Dental disease cannot be prevented overnight, it is true, and there is as yet no pill on the National Health Service for the purpose. However, quite irrefutable scientific evidence at home and abroad shows that the adjustment of the fluoride content of the public water supply to between 1 ppm and 2 ppm reduces caries incidence by 50% – and at a cost of only 5p per person per annum.

“The drive to promote fluoridation of water supplies and so reduce the extent of dental decay in young children is still blocked by a vocal minority on false and unscientific grounds. It may be that some future finding will show that there is a further additive which, if it were used in soft water supplies, would reduce the incidence of coronary thrombosis. Should this prove to be so one wonders whether the same resistance would be encountered. Sudden death in middle age is a dramatic occurrence and it might be easier to gain support for counter-measures, though it is unlikely that the evidence will be so free from doubt as that which can be adduced for fluoridation.”

‘Dental Health

A national survey of the dental health of children of school age to complement the Survey of Adult Dental Health in England and Wales, is in hand. Available treatment statistics show that the dental health of children is continuing to improve but it is still grossly impeded by the failure to provide for fluoridation of drinking water. The number of courses of treatment provided for children each year is between seven and eight millions. New Zealand having generally adopted fluoridation expects to reduce its need for dental services to children by half. The baseless opposition to this humane and safe measure in Britain makes a mockery of one aspect of the care of children’s health. . .’

The two paragraphs in parentheses are from ‘On the State of the Public Health 1971’ – H.M.S.O.

- (b) Even in optimal fluoride areas there is a (diminished) tendency for dental decay to affect interproximal surfaces between teeth and pits and fissures.
 - (i) Regular topical application of fluorides under controlled conditions to patients already ingesting fluoridated water reduces the caries incidence still further. This treatment may be carried out by a dental auxiliary but it would be wasteful to employ staff in this way as a substitute for water fluoridation.
 - (ii) There is some hope to be found in what are called fissure sealants. Here pits and fissures before they are decayed, are dried, etched with an acid to promote adhesion and painted with a sealant cement which bonds with the tooth structure. The process may have to be repeated every year or two. There is a need for controlled trials of this method to supplement fluoridation of the water supplies. Its use would involve the use of professional dental manpower, of which we are so short.
- (c) *Dental Health Education*

Much of the present effort put nationally into dental health education is misdirected. There is little evidence that occasional and distant approaches to the person have any measurable effect on his social behaviour.

There may be parallels in other branches of health education, e.g. Smoking, when "a health warning on every packet" is advertised to potential smokers as something special, like trading stamps.

A simple message is required in dental health education. It could be based on "control dental plaque and you control dental decay and many of the inflammatory conditions of the tissues supporting the teeth" and "the most important cause of dental decay is consumption of sugar".

Plaque is a very adherent type of food debris which cannot be rinsed off with water. It contains many bacteria. When sugar is fed to plaque it produces acid which etches teeth and eventually causes dental decay. Plaque forms within ten minutes of eating a meal and ought to be removed as soon as possible by brushing or by rubbing off with a suitable cloth; either method, using fluoridated toothpaste.

It is unrealistic to expect children not to eat certain harmful foods but to eat say 20 meals a day in the form of sweetmeats is certain to show in increased decay. The mouth would have to be cleared of plaque after each "mini-meal" to neutralise the effect of the sweetmeats.

If we are unable to train enough dentists to deal with the present level of dental decay, a reduction of the latter is essential.

A recent national survey "Adult Dental Health in England and Wales in 1968" - H.M.S.O. showed that only 43% of the population between the ages of 16-34 years in this country attended a dentist regularly. If the other 57% had tried to do so it would have produced a situation beyond any hope of solution. The same survey showed that 37% of the population over 16 years have no natural teeth left and the stage is set for this tragedy in the formative years of childhood when much of it could be prevented. The most successful method of dental health education is on a 1:1 basis and such methods are employed, as time permits, by the present dental staff. A much wider approach is necessary however, to convince parents and teachers of the urgency of the situation. Dental health has to be a way of life to be successful.

School Tuck Shops

Quite apart from the balanced meal supplied by the School Meals Service, when "other food is provided, a basic rule for dental health is being violated and the school has become a less healthy environment as a result". (From a joint letter from the Chief Medical and Chief Dental Officers of the Department of Health and Social Security).

If Heads feel they must have tuck shops as a side-line for school funds, a recent guide (based upon scientific measurement of the effect of snack foods on teeth) may help to reduce the chances of harm to the dentition. Nothing to eat or drink at all except water probably is the leader at break time but foods are rated as follows:—

Group +3 Milk, peanuts, sugarless chewing gum.

Group +2 Apple, potato crisps, chocolate (not sweetened), sugared chewing gum, licorice.

Group +1 Dates, Bananas, Cheese crackers, Sorbitol sweets.

The acid/alkaline balance of the plaque is harmful to the teeth at 5.5 and foods depressing it further are:—

Group —1 Apple Juice, sugared breakfast cereal, sweet biscuits, most cakes, apple pie.

Group —2 Sugared tea or coffee, orange juice, raisins, chocolate biscuits, clear mints.

Group —3 Fruit flavoured boiled sweets and lollipops, fruit gums.

The list is meant only as a guide and no doubt most Heads will be able to assess whether other snacks are above or below the critical point.

Table 32.
**DENTAL INSPECTION AND TREATMENT CARRIED
OUT BY THE AUTHORITY DURING 1972**
1. Attendances and Treatment:

		Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	5,772	4,738	967	11,477	
Subsequent visits	6,927	8,922	2,005	17,854	
Total visits	12,699	13,660	2,972	29,331	
Additional courses of treatment commenced	141	122	24	287	
Total Courses commenced	5,913	4,860	991	11,764	
Courses of treatment completed .. .. ..	.. .. ..	.. .. ..	.. .. ..	11,010
Fillings in permanent teeth	5,537	12,177	3,356	21,070	
Fillings in deciduous teeth	6,494	608	—	7,102	
Permanent teeth filled	4,410	10,888	3,006	18,304	
Deciduous teeth filled	5,897	578	—	6,475	
Permanent teeth extracted	515	2,111	480	3,106	
Deciduous teeth extracted	6,982	2,211	—	9,193	
General anaesthetics	1,379	563	30	1,972	
Emergencies	1,237	654	137	2,028	
Number of Pupils X-rayed .. .. ..	.. .. ..	.. .. ..	.. .. ..	827
Prophylaxis .. .. ..	.. .. ..	.. .. ..	.. .. ..	3,103
Teeth otherwise conserved .. .. ..	.. .. ..	.. .. ..	.. .. ..	329
Number of teeth root filled .. .. ..	.. .. ..	.. .. ..	.. .. ..	119
Inlays .. .. ..	.. .. ..	.. .. ..	.. .. ..	2
Crowns .. .. ..	.. .. ..	.. .. ..	.. .. ..	88

2. Orthodontics:

New cases commenced during year .. ..	.. ..	.. ..	155
Cases completed during year .. ..	.. ..	.. ..	37
Cases discontinued during year .. ..	.. ..	.. ..	21
No. of removable appliances fitted .. ..	.. ..	.. ..	285
No. of fixed appliances fitted .. ..	.. ..	.. ..	17
Pupils referred to Hospital Consultant .. ..	.. ..	.. ..	33

3. *Dentures*

	Number of Pupils Fitted with Dentures for the First Time	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
(a) with full Denture ..	—	—	—	—	—
(b) with other dentures	5	42	24	71	
Total (a) and (b) ..	5	42	24	71	
Number of dentures supplied (first or subsequent time) ..	5	44	27	76	

4. *Anaesthetics:*

General Anaesthetics administered by Dental Officers	225
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5. *Inspections:*

(a) First Inspection at school. Number of Pupils	27,011
(b) First Inspection at clinic. Number of Pupils	8,052
Number of (a) +(b) found to require treatment	19,963
Number of (a)+(b) offered treatment ..	18,523
(c) Pupils re-inspected at school or clinic ..	1,364
Number of (c) found to require treatment ..	770
Number of (c) offered treatment ..	770

6. *Sessions:*

Sessions devoted to treatment ..	..	..	5,074
Sessions devoted to inspection ..	..	..	204
Sessions devoted to Dental Health Education			81
Administration Sessions ..	..	..	484

Table 33. Number of suspected cases of Infectious and Contagious Diseases notified by Head Teachers

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever ..	8	10	9	8	7	13	7	—	10	5	3	2	82
Measles ..	100	51	68	34	227	146	167	—	17	63	51	48	972
Rubella ..	101	34	245	101	203	184	155	—	11	22	65	51	1,172
Whooping Cough ..	2	1	1	—	2	1	—	—	—	1	1	3	12
Mumps ..	114	77	152	56	129	116	107	—	65	148	292	190	1,146
Chicken Pox ..	204	220	381	125	189	227	161	—	58	59	124	131	1,879
Influenza ..	..	..	7	—	1	—	—	—	—	—	1	—	9
Impetigo ..	..	..	6	—	2	4	3	2	3	—	2	1	28
Scabies ..	..	..	5	—	7	5	6	—	2	5	—	3	33
Ringworm ..	..	..	..	—	1	3	1	4	2	1	—	—	14
Conjunctivitis ..	..	..	..	—	—	—	—	—	—	—	—	—	2
Tonsillitis ..	..	..	..	1	—	3	2	4	—	2	—	—	10
Glandular Fever ..	..	..	..	—	—	—	—	—	—	—	—	—	—
Enteritis ..	..	..	..	—	—	—	—	—	—	—	—	—	2
Hepatitis ..	..	..	..	—	—	—	—	—	—	—	—	—	7
Dysentery ..	..	..	..	2	—	—	—	—	—	—	—	—	1
Diarrhoea and Sickness ..	..	..	..	68	—	—	—	—	1	31	14	4	118
Food Poisoning ..	..	..	..	—	—	—	—	—	—	—	—	—	—
Skin Infections ..	..	..	..	—	—	—	—	—	—	—	—	1	1
Virus Infections ..	..	..	..	—	—	—	—	—	—	—	—	—	1
Cerebro Spinal Fever ..	..	..	..	—	—	—	—	—	—	—	1	—	1
TOTALS ..	618	394	871	342	778	725	619	—	174	299	545	429	5,794

INFECTIOUS AND CONTAGIOUS DISEASES

During the year the number of cases of actual or suspected infectious and contagious diseases notified by Heads in the County increased from 4,606 to 5,794.

This is largely accounted for by increases in the number of cases of rubella mumps and chicken pox.

Scabies cases fell – from 76 to 33.

Vaccination against Smallpox

Table 34. No. of children found to have been vaccinated when examined at the periodical medical inspection

Age Group	No. examined	No. vaccinated	No. unvaccinated	Percentage unvaccinated	
				1972	1971
Entrants ..	8,092	3,503	4,589	57	47
2nd Age Group	1,787	653	1,134	63	25
3rd Age Group	3,151	1,086	2,065	65	67
Other Periodic Inspections	1,870	933	937	50	50
Totals ..	14,900	6,175	8,725	59	52

Immunisation

Table 35. No. of children immunised during 1972

Type of Vaccine	Children aged between 5 and 16 years				
Quadruple D.T.P.P.	Nil
Triple D.T.P.	403
Pertussis	Nil
Diphtheria/Pertussis	Nil
Diphtheria/Tetanus	492
Diphtheria	11
Measles	1,537
Rubella	2,079
Tetanus	882
Smallpox	..	(Details no longer recorded)			—
Poliomyelitis (Oral)	1,526

Table 36.

No. of Children who had re-inforcing doses during 1972

Quadruple D.T.P.P.	..	..	..	..	..	..	Nil
Triple D.T.P.	..	..	..	..	..	..	1,007
Diphtheria/Pertussis	..	..	..	..	..	..	Nil
Diphtheria/Tetanus	..	..	..	..	..	..	7,046
Diphtheria	..	..	..	..	..	..	46
Tetanus	..	..	..	..	..	..	3,319
Smallpox	..	..	..	(Details no longer recorded)			—
Poliomyelitis (Oral)	..	..	..	..	..	..	10,630

Table 37. Summary of Reports received from Chest Physicians

			<i>Under treatment at some time during year</i>
Number of new cases found during year	..	..	6
Number of deaths during year	..	..	—
Number of outward transfers	..	..	2
Number discharged recovered	..	..	7
Number on registers at end of 1972	..	..	40
(a) <i>Pulmonary</i> :			
1. Primary Hilar Lesions			
(a) Simple	..	..	9
(b) Complicated	..	..	3
2. Primary Pleural Effusion	..		2
(b) <i>Non Pulmonary</i>	..	..	—

HEALTH EDUCATION

It is generally agreed that it is only by education that young people will be able to avoid and prevent many of the present day illnesses affecting society.

The main aim of Health Education is to create an awareness in the individual of the positive benefits to be gained from the adoption of a healthy way of life and to improve the overall standard of health in the community.

Schools Programmes

The Health Education Section continued to plan and implement programmes in many schools throughout the County. It was gratifying to note the ever increasing interest and enthusiasm of the teaching profession for the information given by the section's staff. Many schools have their own health education programmes and where that is the case, this Department has been able to assist the staff in their projects.

The increasing involvement of teaching staff with the result that the work constituted an integral part of the school curriculum is pleasing to note and is to be encouraged.

During 1972 there was an increase in the number of requests for courses dealing with Preparation for Parenthood. This is particularly encouraging, as it highlights the growing realisation of the need for deeper understanding of the emotional, physical and mental development of the individual.

Madeley College of Education.

Previous programmes of Health Education have continued and for the first time, courses which proved to be highly successful, were planned for post graduate students. It is to be hoped that by giving such information to student teachers they will be stimulated to continue this wide subject after completion of their training.

Youth Organisations

During the year many youth club organisers requested talks by members of staff. The informal atmosphere of youth clubs allows for free discussion and generally such sessions are most rewarding both for members of staff and for the young people.

The following details of talks and courses refer only to work involving members of the County Health Education Section. Many talks on all matters of healthy living were given, by other members of the Health Department staff, in schools and to various organisations.

Table 38.

<i>Lecture Details</i>	<i>No. of Lectures</i>	<i>Attendance</i>
Junior Schools—110 programmes	568	.. 3,486
Secondary Schools—301 ,,,	708	.. 5,468
College Students	45	.. 1,318
Parent Teacher Associations ..	12	.. 702
First Aid	7	.. 320
Health Education	8	.. 366
Drug Dependence	8	.. 240
Food Hygiene	2	.. 85
Parentcraft	22	.. 446
Personal Hygiene	4	.. 100
Personal Relationships	23	.. 1,048
Resuscitation	5	.. 175
Smoking	2	.. 95
V.D.	5	.. 125
Cancer	3	.. 95
Dental Health	3	.. 95

PART V—GENERAL HEALTH

Table 39. Classification of the Physical Condition of Pupils inspected during the year at periodical medical inspections

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected.	
		Satisfactory	Unsatisfactory
		No. (3)	No. (4)
1968 and later	195	194	1
1967	3,188	3,188	—
1966	4,709	4,709	—
1965	566	566	—
1964	188	188	—
1963	162	161	1
1962	650	650	—
1961	955	952	3
1960	832	831	1
1959	304	304	—
1958	62	62	—
1957 and earlier	3,089	3,072	17
TOTALS	14,900	14,877	23

This year the percentage of children classified at Routine Medical Inspections as being in an unsatisfactory state of health decreased from 0.70% to 0.16%. The lowest figure of this nature ever recorded was 23 in 1959 or 0.07%. A classification of this nature is naturally subject to the opinions of the individual medical officers but the position throughout the County, is, in general, satisfactory.

Milk in Schools Scheme

As a result of the Education Milk Act which received Royal Assent in August 1971, as well as the Provision of Milk and Meals (Amendment No.2) 1971, L.E.A.s were required as from the 1st September 1971, to provide free milk to children in the 7 to 11 year age group only on health grounds.

Each school was visited by a health visitor and after consultation with the head teachers, 768 children were referred for examination by a school medical officer. Subsequently milk was supplied to 746 children. Twenty-two children whose physical condition was found to be satisfactory were refused milk.

Arrangements are in hand to keep the situation under continuous review.

Long life milk is being served in nine schools as it has not been possible to obtain supplies of pasteurised milk.

Table 40.

Type of Milk Maintained Schools:	No. of Suppliers	No. of Schools supplied	No. of pupils
Ultra Heat Treated ..	1	9	93
Pasteurised	34	277	17,392
Untreated	1	1	6
	36	287	17,491

Non-Maintained Schools:

Pasteurised	5	8	354
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Table 41. Milk for Handicapped Pupils unable to attend school

No. of old applications renewed	20
No. of new applications granted	6
No. of children who ceased to receive milk during the year	6

Enuresis Alarms

Towards the end of 1957 it was decided to provide a number of nocturnal enuresis alarms under the nursing comfort provisions of Section 28 of the National Health Service Act, 1946 and since then there has been a regular demand for these. A report is also included in the annual report of the County Medical Officer of Health, but a brief summary of results is appended in respect of the children of school age who received the treatment during the year.

Table 42.

No. of alarms in use as at 31st Dec. ..	138	Boys	Girls
Waiting list as at 31st December ..	70	36	
No. of children cured during year ..	33	25	
No. of children improved during year ..	22	12	
No. of children relapsed after treatment..	17	6	

Failures

Heavy sleepers	4	—
Unco-operative mother	11	1

The proportion of cases assisted by this device gives grounds for satisfaction, for treatment in the past has often proved prolonged and difficult.

It is routine procedure to follow up cases twelve months after the trial period with an alarm ended and the criterion for cure is 12 months free from relapse.

Three special schools, Ashley, Needwood, and Walton Hall have alarms and excellent results have been reported.

SCHOOL PREMISES

Inspection of School Premises

WATER SUPPLIES

During the year the County Health Inspectorate regularly sampled rural school water supplies for purity and, where applicable, the efficiency of the chlorination equipment and technique.

Four samples were taken for chemical analysis, all of which proved satisfactory.

A total of 21 samples was taken for bacteriological examination, all of which were reported to be satisfactory.

The number of rural schools receiving non-public mains supplies at the end of the year was as follows:—

3 schools were sterilising their own local supply.

2 schools were receiving private mains water.

1 school camp was receiving untreated water from its own borehole.

SWIMMING BATHS

All school swimming baths were inspected by the County Health Inspectorate at least once per term as a matter of routine and tests were carried out on the spot to determine both the chlorine and pH content of the water. Advice on the operation of the bath was given to caretakers as and when necessary and special attention was paid to new baths or in cases where difficulties were experienced.

A total of 29 samples was taken for bacteriological examination all of which were satisfactory.

A total of 14 samples was taken for chemical analysis of which only 1 was reported as unsatisfactory.

The total number of swimming pools rose slightly during the year. The position at the end of the year was as follows:—

13 schools had open air (heated) baths equipped with purification plants.

15 schools had enclosed pools equipped with purification plants.

4 private pools are used by special arrangement.

The number of County schools which have their own swimming baths are:—

16 Secondary Schools.

6 Primary Schools.

5 Special Schools.

1 Training College.

HANDICAPPED CHILDREN

A major change in 1971 came as the result of the Education (Handicapped Children) Act 1970. This Act transferred responsibility for the education of mentally handicapped children from the L.H.A. to the L.E.A. with effect from 1st April, 1971. By abolishing the use of Section 57 of the Education Act 1944 it has resulted in the children formerly classified as ineducable becoming part of the educationally subnormal group and this is reflected in the categories as shown in Table 43.

In certain areas of the County special care facilities were provided for those children who, by reason of the extreme severity of their handicap required such facilities. It is hoped that this facility will be extended throughout the County in due course, as these children are indeed a heavy burden on their parents.

Table 43 includes children who do not come within the categories of handicapped children as defined in the Handicapped Pupils and Special School Regulations, 1959. These

Table 43. Handicapped Children

Category	Total known handicapped Children		Numbers in Special Schools (as recorded on form 21M)		Number placed in Special Schools in 1972		Number awaiting admission to Special Schools (as recorded on form 21M)		Number in or having special provision at an Ordinary School for admission to Special Schools		Number having Home Tuition including those for admission to Special Schools		At Home without Tuition Pre School Age	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind .. .	14	12	10	9	—	—	4	3	—	—	—	—	1	1
Partially Sighted ..	17	11	8	8	—	1	1	—	9	3	—	—	—	—
Deaf .. .	29	26	28	23	5	7	—	—	—	—	2	1	3	3
Partially Hearing ..	108	82	48	26	8	4	—	2	55	47	11	7	5	9
Delicate .. .	253	162	18	16	4	3	—	—	235	146	—	—	—	—
ESN/MSH .. .	987	679	660	446	120	67	79	54	326	233	15	15	1	—
Epileptic .. .	63	74	5	4	2	—	1	1	56	67	—	—	—	—
Maladjusted .. .	610	288	51	10	10	3	17	2	550	272	2	3	7	3
Physically handicapped ..	391	300	62	50	9	13	3	2	187	197	15	8	37	45
Speech Defects .. .	824	412	1	—	1	—	1	—	823	412	—	—	—	—
TOTALS .. .	3,296	2,046	891	592	160	98	106	64	2,241	1,377	43	35	52	61
GRAND TOTALS ..	5,342	1,483	258	—	170	—	3,618	78	—	—	113	—	—	—

N.B.—Pupils attending Hospital Special Schools are only included in this table in the first column.

Only pupils from the Exempted Districts of Aldridge/Brownhills and Newcastle-under-Lyme who are in or awaiting admission to residential special schools, are included.

suffer from a milder type of handicap which does not prevent their attendance at the ordinary school. They are, however, kept under constant supervision to ensure they are properly placed and so that the necessary action can be taken immediately some special educational provision is necessary.

Convalescence and Debilitated Children

415 children suffering from debility and other defects which did not warrant their admission to open-air schools were kept under clinical observation and 39 children (13 boys and 26 girls) were admitted to the convalescent homes for short periods during the year.

Parents value this service, for a period of convalescence has often substantially assisted their children to recover after illness or operation. Liaison is maintained with each child's family doctor before the child is sent for convalescence.

Home tuition

Tuition is provided at home in accordance with Section 56 of the Education Act, 1944 for those children who are so severely handicapped that they cannot attend at either an ordinary, or special school, and also for those who cannot attend an ordinary school whilst a vacancy is being sought for them in a special school. This form of education is decided upon after examination by a School Medical Officer.

Eighty-five children were receiving tuition at the end of the year, twelve of whom were having home tuition as a temporary measure whilst awaiting a vacancy at a special school and 37 children were having tuition in hospital.

Further Education of Handicapped Young Persons

The following report is based upon information which the Chief Education Officer has kindly supplied:—

(a) Maintenance of pupils at recognised specialist Colleges.

Nineteen disabled students attended courses at one of the following Specialist Colleges:—

Dene Park Further Education Centre
National Star Centre for Youth
Portland Training College for the Disabled
Royal Normal College for the Blind
The Star Centre, Cheltenham
Lufton Manor Rural Training Centre
Hereward College, Coventry
Royal National Institute for the Blind
Queen Alexandra College for the Blind
Birmingham Royal Institute for the Blind

(b) *Home Tuition*

Three severely handicapped persons were provided with tuition in their own homes, in subjects ranging from basic literacy to G.C.E. 'O' Levels.

(c) *Grants to British Council for the Rehabilitation of the Disabled*

The Authority continued to give financial assistance to persons in hospital or on convalescence following accidents resulting in disablement. The financial assistance was generally to cover the cost of correspondence courses in academic and vocational subjects such as shorthand and typewriting.

(d) *Classes provided in establishments maintained and assisted by the Authority.*

Classes to meet deficiencies in literacy continued to be held at Stafford College of Further Education and Cannock Chase Technical College and over 400 students attended classes at St. Margaret's Hospital, Great Barr, as part of the Authority's Evening Institute programme.

Classes were held for mentally sick persons at St. George's Hospital, Stafford and St. Matthew's Hospital Burntwood. Local clubs for the physically handicapped also had several classes organised by the Authority's evening institutes.

(e) *Transport*

A taxi was provided to enable a handicapped person to travel to a vocational course at the Walsall and Staffordshire Technical College.

SCHOOL MEALS SERVICE

The following report is based upon information which the Chief Education Officer has kindly supplied:—

There was a recovery in the uptake of School Meals during 1972 although the percentage taking the meal was still slightly under the pre April 1971 figure when the charge for the School Meal was increased.

The Senior Schools did not show any marked increase in the demand but there were many factors to account for this, unconnected with the School Meals Service.

Facilities and supervision were provided for pupils who wished to bring their own food and every effort was made to ensure that hygienic conditions were maintained. There was a decrease in the number of pupils availing themselves of these facilities.

The cafeteria choice of meal increased in popularity though two schools asked to discontinue the choice as it was considered there was an element of unfairness. The meal had to be provided within a unit cost, and as no waste could be allowed the choice at the end of the lunch period was limited.

Nutritional Standards

A monthly menu was prepared in each school and submitted to the School Meals Organiser for approval. Each menu was checked to ensure that a good variety was served and that the nutritional standard of the meal complied with the requirements of the Department of Education and Science.

Hygiene

All kitchens were inspected regularly and high standards were maintained.

Special emphasis was given to the training of all school meals staff in both personal and kitchen hygiene.

Staffing and Training

Training of all school meals staff continued throughout the year. A pilot training scheme for Supervisory Assistants was run with the help and co-operation of two Head Teachers and it is hoped to expand this type of training. There are now training schemes to cover all grades of School Meals Staff and this has proved beneficial in improving the quality of the Service.

Table 44.

Statistics, as submitted to the Department of Education and Science, relating to the number of meals served on a day in October, 1972.

			1972	1971
No. of children present	..	..	95,500	92,778
No. of meals served to children and adults daily	..	..	65,983	54,030
No. of schools provided	..	..	431	428
No. of schools not provided	..	..	1	1
No. of kitchens	..	..	334	326

New Kitchens Opened in New Schools

County Area: Alrewas, All Saints C.E. (C) Primary School
Blythe Bridge, Springcroft Primary School
Lichfield, St. Peter and St. Paul R.C.
Primary School
Tamworth, The Park Special School

Cannock Chase

Area: Burntwood, Oakdene Primary School

In Existing Schools

County Area: Cheadle Primary School. Re-opening of
previous Secondary School Kitchen

Cannock Chase

Area: Great Wyrley Primary School

Replacement Kitchens

County Area: Gnosall, St. Lawrence's Junior School

Major Extensions to Existing Kitchens

County Area: Lichfield, St. Michael's C.E. (C) Primary
School
Lichfield, St. Joseph's R.C. (A) Primary
School
Rugeley, St. Joseph's R.C. (A) Primary
School
Stafford, St. Patrick's R.C. (A) Primary
School

Cannock Area: Cannock, St. Mary's R.C. (A) Primary
School

New Scullery: Kidsgrove, St. John's R.C. Replacement
School.

School where there is no School Meals Provision

County Area: Hopwas, The Thomas Barnes Primary
School

PHYSICAL EDUCATION

The following report is based upon information which the Chief Education Officer has kindly supplied.

General

Interest continued to grow in the provision of dual purpose Sports Halls and Swimming Baths on Secondary School sites, which are shared by the public during evenings and weekends. This has helped to widen the opportunities for pupils in games and swimming. Adequate provision for expressive movement is often neglected and the provision recently of two Dance/Drama Studios in Secondary Schools has been welcomed. Far more accommodation for this work is required, as Sports Halls are unsuitable for it.

Facilities to provide for the boundless energy and potential of the Primary children are less generous and overcrowding frequently makes existing Halls when required as classrooms, useless for Physical Education.

The use of Public Playing Fields by schools continues to grow in some areas where new schools are built and Playing Fields are not developed until a later date.

Secondary Schools

The staffing situation for specialist teachers in Secondary Schools is satisfactory on the whole but frequent change of female staff continues to present a problem.

During the first three years a wide syllabus of work is covered in order to equip the pupils for selection of activities during the later years at school.

The activities included are Gymnastics, Educational and Olympic, Dance, Traditional and Creative, Netball, Hockey, Tennis, Badminton, Cricket, Rounders, Football, Rugby, Basketball, Volley Ball, Trampoline, Swimming, Athletics, Table Tennis, and in some schools Golf, Horse Riding, Archery and Fencing.

Table Tennis has developed recently into a National sport and some schools have achieved a high place in National Contests, without any financial assistance from the Education Committee for equipment.

In some districts inter-school activities are centred round the middle and lower age groups as the older pupils have other commitments at weekends.

Facilities in Secondary Schools are satisfactory, except where a Sports Hall only is provided, but changing facilities and storage space are frequently inadequate, due to large groups of pupils or adults using Sports Halls and Playing Fields.

Provided, or still under construction at the end of the year were:—three new sports halls, two new Gymnasia, four school swimming baths and a dance/drama studio.

Primary Schools

Physical Education in Primary Schools continues to expand with the realisation that children of this age require movement of a wide nature, functional and expressive, but this is sometimes hindered by lack of indoor space, and insufficient hard area outside.

The standard of work in Primary Schools varies considerably and although many teachers have achieved excellent results, the non-specialist teachers usually need guidance during their first few years of teaching.

Many schools are interested in helping to provide learner pools, but the rise of cost is making this more difficult to accomplish.

New halls have been built at ten schools in the Cannock/Aldridge/Brownhills areas.

In-Service Training for Teachers

Thirteen local courses for men and women teachers in primary and secondary schools held during 1972 included Primary Educational Gymnastics, two courses in Movement, Folk Dancing, Infant Work with Apparatus, Trampolining, two Life Saving Courses, Swimming, three “Safety in the Pool” and Netball.

Residential Courses for men and women were included in the County Summer School at Madeley.

Five hundred and twenty-two teachers attended Courses during the year.

Swimming

All secondary and most junior schools had the opportunity for some pupils to receive swimming instruction during the year.

An increase in the number of learner pools would enable instruction to start at an earlier age. At present many junior schools only send the fourth year pupils to the Bath.

Fifty-four school and public baths have been used for instruction during the year.

The following swimming awards were issued during 1972 -

County Awards	9,695
Amateur Swimming Association	2,214
Royal Life Saving Society	68

Camping and Outdoor Activities

The Outdoor Activity Centres have been well attended throughout the year. During the Summer term Centres at Cotwalton, Coven, Hales Hall and Shugborough Park provided courses in Campcraft, Lightweight camping, Canoeing and Climbing but the accommodation available was inadequate for the number of applications received from secondary schools. Chasewater is a popular Centre for Sailing and Port Dinorwic for Mountain Activities and more advanced Sailing.

Many primary schools wish to send pupils to the Centres but it is impossible to include these schools at present.

All Wardens are interested in helping with Field Study Courses when the need arises.

During the Autumn and Spring terms Adventure Courses were held at Cotwalton and Hales Hall and during part of the Winter season at Coven, Shugborough Park and Port Dinorwic. Camp Wardens also conducted twelve Ski Courses at the Scottish Centres of Aviemore and Braemar during the Spring Term.

Wardens of Chasewater organised courses for boys and girls during the Summer holiday along the East Coast and on the Norfolk Broads.

Courses for teachers were held in Canoeing at Cotwalton, Sailing at Chasewater and Mountain Activities and Sailing at Port Dinorwic.

A total of 6,181 boys and girls attended the Outdoor Activity Centres during 1972.

<i>Summer Courses</i>	4,647 pupils	223 teachers
<i>Adventure Courses</i>	966 pupils	
<i>Ski Courses</i>	568 pupils	

Much time is given out of normal school hours by teachers coaching pupils in many individual and team activities and organising inter-school, area and county tournaments, competitions, swimming galas, sailing regattas, displays and demonstrations.

The voluntary work of these teachers has helped many boys and girls to develop their talents and to reach a high standard of performance.

STAFFORDSHIRE'S SPECIAL SCHOOLS

FOR EDUCATIONALLY SUB-NORMAL PUPILS GROUP A (Schools for the E.S.N.)

<i>Residential</i>	<i>Accommodation</i>
<i>Boys:</i> Loxley Hall	80 boys
Age Range 8-16 years.	
<i>Mixed:</i> Walton Hall	39 Boarding
Age Range 8-16 years.	39 day places
<i>Day</i>	<i>Accommodation</i>
<i>Mixed:</i> William Baxter, Cheslyn Hay	110 boys
Age Range 8-16 years.	and girls
The Meadows, Biddulph	130 boys
Age Range 5-16 years.	and girls

GROUP B (Former Junior Training Centres)

<i>Day</i>	<i>(Age Range 5-16 years)</i>	<i>Accommodation</i>
<i>Mixed:</i> Beecroft Hill Day Special School, Brunswick Road, Cannock.		70
Cherry Trees Day Special School, Giggetty Lane, Wombourne.		50
Stafford Day Special School, North Walls, Stafford.		40
Springfield Day Special School, Springfield Road, Leek.		40
Rocklands Day Special School, Wissage Road Lane, Lichfield.		70

MALADJUSTED BOYS

Ashley Residential School
Age Range 11-16 years.

30 boys

FOR THE PHYSICALLY HANDICAPPED

Mixed: Wightwick Hall
Residential and Day
Age Range 5-16 years.

68 Boarding
boys and girls
32 day places

FOR THE PARTIALLY HEARING

Mixed: Needwood. Residential
Age Range 5-16 years.

145 boys
and girls

DEAF

Mixed: The Mount, Stoke-on-Trent
(jointly maintained with
Stoke City)
Day and Residential.
Age Range 2-16 years.

76 Boarding
36 day places
12 nursery
places

HOSPITAL SPECIAL SCHOOLS

Biddulph Grange Hospital
St. Margarets Hospital, Great Barr
Stallington Hospital, Blythe Bridge

STAFFORDSHIRE COUNTY COUNCIL

**URBAN DISTRICT OF
ALDRIDGE—BROWNHILLS
(EXCEPTED DISTRICT)**

**SCHOOL HEALTH SERVICE
REPORT**

for 1972

BY THE

District School Medical Officer

**ALDRIDGE-BROWNHILLS URBAN DISTRICT
(Excepted District)
SCHOOL HEALTH SERVICE STAFF**

District School Medical Officer

H. SHORE, M.D. D.T.M. & H., D.P.H. M.F.C.M.

Deputy District School Medical Officer

MONICA GRANT, L.R.C.P. & S., D.R.C.O.G., D.P.H.,
D.C.H., M.R.C.S., L.R.C.P. – Appointed 1.6.72.
W. S. SLATER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
– Resigned 31-5-72.

Departmental Medical Officers – Part-time

MARGARET BAMBER, M.B., B.Ch., B.A.O., D.P.H.
A. MEIN, M.R.C.S., L.R.C.P.
G. O'CONNOR, M.B., B.Ch., B.A.O., N.U.I.
W. S. SLATER, M.B., Ch.B., M.R.C.S., L.R.C.P.,
D.P.H. – Appointed 1-6-72.

Ophthalmic Specialists – Part-time

CHARMAIN LONGMORE, M.B., Ch.B., M.R.C.S.,
L.R.C.P., D.O.M.S.
E. J. McCABE, M.B., Ch.B., D.O.
B. M. McOWAN, M.B., B.S., M.R.C.S., L.R.C.P., D.O.(Ldn.)

E.N.T. Specialists – Part-time

V. C. DALAL, M.B., B.S., F.R.C.S., D.L.O.
R. M. SIMONS, M.B., F.R.C.S., D.L.O.

Area Dental Officer

D. R. OGDEN, B.D.S., L.D.S., R.C.S.(Eng.)

School Dental Officers

MR. K. J. BASIL, B.Sc., B.D.S., M.D.S. (full-time to
20-9-72 then part-time)
MR. R. BRYANT, B.D.S., M.D.S. – Part-time
Appointed 6-3-72.
MRS. S. GLOVER, L.D.S., Part time. Resigned 28-5-72.
MR. D. K. PARTINGTON, B.D.S., L.D.S., Part-time.
Appointed 2-10-72.
MR. N. G. SHREEVE, B.D.S., Part-time. Appointed
2-10-72.
MR. H. VILLIERS, B.D.S. Part-time. Resigned 31-3-72.

Consultant in Children's Dentistry – Part-time.

MR. J. J. CRABB, B.D.S., L.D.S., F.D.S., R.C.S.
Appointed 28-11-72

Dental Anaesthetists – Part-time.

R. I. Gifford, M.B., Ch.B.

Physiotherapist – Part-time

MRS. M. J. BELT, M.C.S.P.

Speech Therapist – Part-time

MRS. S. ANDERSON, L.C.S.T., Resigned 31-7-72
MRS. A. E. BYROM, L.C.S.T., Appointed 1-12-72.

Vision Testing Survey – Part-time.

MRS. M. C. JONES, S.R.N.

Audiometrist – Part-time

MRS. M. MOSS

Peripatetic Teacher of Children with Hearing Defects

MR. T. LONSBOROUGH

Chiropodist

MRS. M. WILKINSON – Part-time

Health Education Officer.

Mr. J. Edwards

SCHOOL HEALTH SERVICE

School Population

No. of pupils on the registers of maintained schools (including Nursery schools)	..	..	..	18,751
Infant Departments	..	..	..	12
Infant and Junior Departments	..	..	..	18
Junior Departments	..	..	..	9
Secondary Modern Schools	..	..	..	2
Comprehensive Schools	..	..	..	6
Grammar Schools	..	..	..	1
Special Schools	..	..	..	2

INFORMATION OBTAINED BY MEDICAL INSPECTIONS

Physical Condition

The physical condition of the children examined at periodic medical inspections is shown in Table 1.A in the statistical tables at the end of this report.

Uncleanliness

Periodic cleanliness inspections of children

No. examined	36,176
No. found to be verminous	409
No. of cleansing notices issued	314

Tonsils and Adenoids

No. of children found to be suffering from enlarged tonsils and/or adenoids and referred for examination by specialist ..	44
No. who were referred for operative treatment through arrangements made by the School Health Service	96
No. who required only medical treatment and/ or observation	93

Skin Diseases

No. of new cases of skin disease (dermatitis, impetigo, urticaria, ringworm etc.) discovered at medical inspections and found to require treatment	5
---	---

Defective Vision and Squint

No. of defective cases found at routine and special medical examinations and referred for treatment	
Vision	125
Squint	8

Ophthalmic clinics are held as follows:—

Aldridge Clinic	Dr. McCabe	One Wednesday afternoon per month
	Dr. Longmore	2nd and 4th Thursday morning each month

Pheasey Clinic	Dr. McCabe	One Wednesday afternoon per month
Shelfield Clinic	Dr. McOwan	Alternate Monday afternoons

No. of appointments given during the year ..	999
No. of children examined	655
No. of children who did not keep appointments	344
No. stated by parents to be under own optician	38
No. for whom spectacles were prescribed ..	261

The parents of children who did not attend the appointments and who did not appear to be doing anything about their child's vision were visited by school nurses to determine the reason for non-attendance and failure to obtain treatment. Every case was followed up until a satisfactory conclusion was reached.

Visual and External Defects

No of children examined	655
No. of children attending for the first time ..	262
No. of re-visits	393
No. of children for whom spectacles were prescribed	261
No of children discharged	50

Analysis of major defects found among new cases:—

Errors of refraction

Hypermetropia	27
Hypermetropic Astigmatism	23
Compound Hypermetropic Astigmatism ..	10
Myopia	98
Myopic Astigmatism	10
Compound Myopic Astigmatism	2
Mixed Astigmatism	9
TOTAL	179

Disease and other Abnormalities

Amblyopia	..	..	..	..	..	6
Anisometropia	..	..	..	..	..	24
						<hr/>
			TOTAL	..	..	30

Lids and Conjunctiva

Blepharitis	..	..	..	..	..	1
Epicanthus	..	..	..	..	..	5
			TOTAL	..	..	<hr/>6

Muscles

Strabismus	7
------------	----	----	----	----	----	---

Retina

Optic Atrophy	1
---------------	----	----	----	----	----	---

Referrals to Hospital

Referrals to Hospital for Squint	..	..	16
Referrals to Hospital other than squint	..	..	32
Operative treatment (from discharge slips)	..	..	5

Vision Survey

The vision testing nurse, who comes to the Aldridge-Brownhills district once a year, tested the children in the 7 year age group.

No. of children examined	..	..	..	1,893
No. of children found to have defective vision				533
No. of children under their own optician	..			37

All of the newly found cases were offered appointments at the ophthalmic clinic, except those who preferred to make their own arrangements.

ADDITIONAL EXAMINATIONS

Medical inspection prior to admission to Training Colleges:

Number of pupils who had a special medical examination before admission to colleges for training for the teaching profession, as required by the Department of Education and Science	123
Number of pupils declared fit for admission to a training college	122
Number of pupils declared unfit for admission to a training college	1
Number of medical examinations, which included a chest X-ray, as required by the Department of Education and Science, which were carried out on new entrants to the teaching profession within the Excepted District. All were found to be fit	8

Children attending school camps:

Number of children who filled in medical questionnaire forms regarding their fitness to attend organised school camps	74
---	----

Employment Licences for School Children:

Number of school children who filled in medical questionnaires regarding their fitness to undertake part-time employment. All were found fit and were issued with employment licences by the Education Department ..	140
--	-----

Education Department Employees:

Number of questionnaires which were completed by prospective employees in the Education Department	227
Number who had full examinations carried out and were found fit for employment ..	37
Number sent for X-ray and found to be satisfactory	104
Number of Members of the school meals service kitchen staff who were X-rayed at the Chest Clinic under the scheme whereby each applicant for a post in this service must be declared free from pulmonary infection radiographically before being appointed. All were examined by a medical officer to ensure freedom from infection	145

PHYSIOTHERAPY

Treatment was provided at the clinics shown below:—

Brownhills Clinic, Pier Street	Each Friday	9.30 – 12.00 noon
Aldridge Clinic, Leighswood Road	Each Thursday	9.30 – 12.00 noon
Streetly Clinic, Blackwood Road	Alternate	
Pheasey Clinic, Beacon Road	Tuesdays	9.30 – 12.00 noon

Attendances during the period were as follows:—

	<i>Brownhills</i>	<i>Aldridge</i>	<i>Streetly</i>	<i>Pheasey</i>
Children having breathing exercises	15 ..	88 ..	29 ..	3 ..
Children having remedial exercises	78 ..	45 ..	79 ..	73 ..
Total attendances during the year	212 ..	259 ..	151 ..	107 ..

SPEECH THERAPY

No. of children treated during the year .. 162

Sessions were held at the following clinics:—

		<i>Time</i>	<i>Children seen</i>
Aldridge	Thursdays	2.00 – 4.30	.. 30
Brownhills	Alternate Mondays	9.00 – 12.00	) 58
Pelsall	Tuesdays	.. 2.00 – 4.30	.. 40
Shelfield	Fridays	.. 9.00 – 12.00	.. 24
Special School	Wednesdays	2.00 – 4.30	.. 10

CHIROPODY SERVICE

Foot inspections were carried out at all schools by the School Chiropodist. Those requiring further treatment were referred to the School clinics.

CHILD GUIDANCE

No. of children referred to Child Guidance

Clinic 50

No. waiting for appointment 22

MINOR AILMENT CLINICS

During the year minor ailment clinics operated as follows:—

Aldridge .. .	Wednesdays	9.30 – 12 00 (Dr. attends 2nd Wednesday in month)
Brownhills .. .	Mondays	9.30 – 12.00 (Dr. attends alternate weeks)
Pelsall .. .	Mondays	9.30 – 12.00 (Dr. attends 2nd Monday in month)
Pheasey .. .	Wednesdays	9.30 – 12.00 (Dr. attends 1st Wednesday in month)
Shelfield .. .	Thursdays	9.30 – 12.00 (Dr. attends 1st Thursday in month)
Streetly .. .	Fridays	9.30 – 12.00 (Dr. attends 1st Friday in month)
Walsall Wood .. .	Thursdays	9.30 – 12.00 (Dr. attends 3rd Thursday in month)

The cases dealt with are included in Table III. The number of attendances at the various minor ailment clinics was 3,574.

SCHOOL DENTAL SERVICE

Statistics regarding children inspected and treated during the year are given in table IV.

AUDIOLOGY

During 1972 an audiometer was purchased and two School Clinic Nurses trained in its use at Birmingham.

Number of clinics held	5
Number of attendances made by school children	65

HEARING TEST SURVEY

All Infant Departments (5-7 year olds) were visited by the Audiometrist and children in the 6+ age group tested. The results of the survey are shown below.

Survey Results

Examined	747
Showing some hearing loss	124
Percentage showing some hearing loss .. .	16.51 %

Follow Up

550 children were referred for treatment and specialist opinion as shown below:—

No. Referred	550
Re-exam by Specialist after 3-6 months ..	52
Further hearing test after 12 months ..	6
T's and A's Operation	81
Other Treatment	32
General Medical Supervision	28
Already under Specialist	22
No Action	178

INSPECTION OF SCHOOL PREMISES

Inspections of school premises were carried out by the departmental medical officers when visiting schools for the medical inspection of pupils usually on the last day of the visit.

No. of inspections made during the year ..	50
Total No. of defects found	17
No. of schools in which defects were found ..	13
No. of defects received attention during the year	12

Appropriate information was passed to the Divisional Education Officer for action.

ENURESIS ALARMS FOR SCHOOL CHILDREN

	<i>Boys</i>	<i>Girls</i>
Number of alarms in use at 31st December, 1972 = 24	18	6
Waiting List	—	—
No. of children cured during the year	22	9
No. of children improved during the year	6	3
No. of children relapsed after treatment but much improved	1	—

It is routine procedure to follow up cases twelve months after the trial period with an alarm ended. The criterion for cure is twelve months free from relapse.

Peripatetic Teaching Service for Hearing Impaired Children

Under supervision at 31st December, 1972:—

<i>Years</i>	0-1	1-2	2-3	3-4	4-5	<i>Over 5</i>	<i>Total</i>
Boys ..	—	—	1	—	—	15	16
Girls ..	—	1	—	—	—	9	10
Totals	—	1	1	—	—	24	26

During 1972, and not included on the list for those under supervision at 31st December, 8 boys and 3 girls were taken off the list for supervision for various reasons e.g. left school, hearing improved following treatment, or left district etc.

Three children were issued with a hearing aid during the year.

HOME TUITION

No. who received Home Tuition .. ..	.. ..	8
No. discharged at end of year .. ..	.. ..	4
No. still being taught at home .. ..	.. ..	4

FOOT INSPECTIONS

76 half-day sessions were devoted to foot inspections during the year:—

<i>Foot Inspections</i>	<i>Type of School</i>				<i>Total in all Schools</i>
	<i>Infant</i>	<i>Junior</i>	<i>Senior</i>	<i>Special</i>	
Number of children with unsatisfactory footwear	29	46	62	63	200
Number of children with satisfactory footwear	5,567	7,158	3,562	153	16,440
Total No. of children seen by School Nurse	5,596	7,204	3,624	216	16,640
No. with unclean feet	58	272	64	24	418
No. with unsatisfactory socks	7	18	36	8	69
Foot deformities	2	14	3	—	19
No. of children with corns	66	62	40	—	168
No. with foot infections	67	165	191	6	429

HEALTH EDUCATION

The following report is based upon information submitted by the Health Education Officer:—

The activities of the new Health Education Section followed the lines developed by the County Health Education Section. The main effort was directed to involving the Schools in programmes of Health Education begun at the Primary School fourth year level and continued at the secondary school level at an age thought most desirable by the schools staff.

Accordingly, programmes were undertaken in twenty-two primary and six secondary schools. This involved 57 groups of pupils in 287 sessions. A total of 1,880 pupils participated in a very effective form of Health Education, i.e. face to face discussion, at an impressionable age, of those medical and social problems which are of the greatest concern to the developing citizens and parents of tomorrow. Personal and Public Hygiene, Diet, Dental Care, Alcohol, Tobacco Smoking, Drugs, Accident prevention, Pubertal development, Personal Relationships, V.D., Family Planning, Parental Responsibilities etc.

In the Infant Welfare Clinics the staff were assisted on 23 occasions with ante-natal, parentcraft and slimming club educational work. About 300 adults were involved, pregnant women, expectant fathers and overweight persons.

Other Health Educational sessions involved groups of Cub-Scouts, youths, members of professional bodies, Parent Teacher Associations and groups of senior pupils. About 350 people attended discussion groups, film shows, or talks on subjects such as Health Education, Sex in Society, Accident Prevention, Childbirth, Smoking and Dental Care.

A quantity of posters and leaflets were issued mainly concerned with cigarette smoking.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

TABLE I.

PART A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth) (1)	Number of Pupils Inspected (2)	Physical Condition of Pupils Inspected	
		Satisfactory (3)	Unsatisfactory (4)
1968 and later	3	3	—
1967	331	331	—
1966	1,304	1,304	—
1965	60	57	3
1964	18	18	—
1963	8	7	1
1962	7	7	—
1961	9	9	—
1960	6	6	—
1959	6	6	—
1958	8	8	—
1957 and earlier	462	462	—
TOTAL	2,222	2,218	4

Column 3 total as a percentage of Column 2 = 99.82%

Column 4 total as a percentage of Column 2 = .18%

PART B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (Excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Table II	Total Individual Pupils
1968 and later	—	1	1
1967	25	69	94
1966	60	364	424
1965	10	26	36
1964	5	14	19
1963	3	11	14
1962	3	4	7
1961	7	10	17
1960	21	11	32
1959	17	7	24
1958	13	13	26
1957 and earlier	129	117	246
TOTAL	293	647	940

PART C—OTHER INSPECTIONS

Number of Special Inspections .. .. .. ..	.. .. .. ..	16
Number of Re-Inspections .. .. .. ..	.. .. .. ..	4,324
Total .. .. .. ..	.. .. .. ..	4,340

PART D—INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by School Nurses or other authorised persons .. ..	.. ..	36,176
Total number of individual pupils found to be infested .. ..	.. ..	409
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .. ..	.. ..	314
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .. ..	.. ..	30

TABLE II

Return of Defects found by Medical Inspections during 1972
(Cases already under treatment included)

PART A—PERIODIC INSPECTIONS

<i>Defect or Disease</i>	<i>ENTRANTS</i>		<i>OTHERS</i>		<i>LEAVERS</i>		<i>TOTALS</i>
	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Requiring treatment</i>	<i>Requiring observation</i>	
Skin	22	2	83
Eyes:							28
(a) Vision	85	109	10	8	127
(b) Squint	34	6	1	2	9
(c) Other	12	6	1	6	12
Ears:							
(a) Hearing	27	19	3	3	24
(b) Otitis Media (R)	20	41	4	—	41
(c) Otitis Media (L)	7	24	1	1	26
(d) Others	5	1	1	8	1
Nose and Throat	84	279	16	15	124
Speech	20	19	7	—	28
Lymphatic Glands	1	15	1	—	19
Heart	11	22	2	2	17
Lungs	35	64	6	4	27
Development:							
(a) Hernia	4	6	2	2	8
(b) Other	—	39	10	6	46
Orthopaedic:							
(a) Posture	12	2	1	8
(b) Feet	17	19	3	4	35
(c) Other	9	22	1	4	17
Nervous System:							
(a) Epilepsy	2	4	1	2
(b) Other	7	8	1	3
Psychological:							
(a) Development	2	15	2	—	2
(b) Stability	14	96	6	2	111
Abdomen	14	7	1	2	7
Other	47	48	9	9	61

Intermediate examinations were held at Brownhills Comprehensive School to establish whether the number of defects found would justify a resumption of this type of examination, 182 children were examined.

Defects Found

<i>Defect or Disease</i>	<i>Newly referred for treatment</i>	<i>Already under treatment</i>	<i>Observation only</i>
Skin	4	8	7
Vision	1	22	-
Squint	1	5	-
Hearing	2	-	1
Otitis Media	-	2	-
Nose and Throat	1	1	4
Lymphatic Glands	-	-	2
Heart	-	4	-
Lungs	-	9	2
Posture	-	-	4
Feet	1	-	-
Epilepsy	-	2	-
Psycho) Development ..	-	-	-
) Stability ..	2	-	-
Abdomen	-	-	3
Totals	12	53	23

For comparison see results in Brownhills Primary Schools in the table below: 181 children were examined.

<i>Defect or Disease</i>	<i>Newly referred for treatment</i>	<i>Already under treatment</i>	<i>Observation only</i>
Skin	1	2	3
Vision	3	-	8
Squint	2	3	1
Other	-	-	2
Hearing	1	-	2
Otitis Media	1	1	1
Other	1	-	1
Nose and Throat	6	6	21
Speech	-	-	3
Lymphatic Glands	-	-	2
Heart	-	2	5
Lungs	-	6	8
Hernia	1	-	-
Other	-	-	3
Posture	1	-	1
Feet	3	-	4
Other	2	-	2
Epilepsy	-	-	-
Psycho) Development ..	-	1	8
) Stability ..	2	-	2
Abdomen	-	-	-
Other	4	1	1
Totals	28	22	78

It seems that the intermediate examination is worthwhile despite the comparatively small number of defects found, because important defects would otherwise have been missed.

TABLE III.

Treatment of Pupils attending Maintained Primary and Secondary Schools (Including Nursery Schools)

PART A—Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	45
Errors of refraction (including squint)	194
Total	239

PART B—Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment for—	
diseases of the ear	7
adenoids and chronic tonsillitis	50
other nose and throat conditions	5
Received other forms of treatment	14
Total	76
Total number of pupils in schools who are known to have been provided with hearing aids—	
In 1972	3
In previous years	6

PART C—Orthopaedic and Postural Defects

	<i>Number of cases known to have been dealt with</i>
Pupils treated at school clinics or out-patients departments..	—
Pupils treated at school or physiotherapist clinics for postural defects	47

PART D—Diseases of the Skin

(excluding uncleanness, for which see part D, Table I)

							Number of cases known to have been dealt with
Ringworm (a) Scalp	.	.	.	.	.	.	1
(b) Body	.	.	.	.	.	.
Scabies	.	.	.	.	.	.	2
Impetigo	.	.	.	.	.	.	2
Other Skin Diseases	.	.	.	.	.	.	1,855
	Total						1,860

PART E—Child Guidance Treatment

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	50

PART F—Speech Therapy

	<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapists	114

PART G—Other Treatment given

	<i>Number of cases known to have been dealt with</i>
Pupils with minor ailments	652
Pupils who received convalescence under School Health Service arrangements	3
Pupils who received B.C.G. Vaccination	1,348
Total	2,003

TABLE IV.

Dental Inspection and Treatment carried out by the Authority during 1972

The dental Officers devoted 973 sessions to treatment and 28 sessions to inspections.

Inspections	Pupils
First inspection at school	3,153
First inspection at clinic	2,297
Number found to require treatment	4,782
Number offered treatment	4,403
Re-inspections at school clinic	306
Number of these found to require treatment	254

Attendances and Treatment

First visit	2,250
Subsequent visits	3,150
Total visits	5,400
Additional courses of treatment	147
Fillings in permanent teeth	3,729
Fillings in deciduous teeth	1,876
Permanent teeth filled	3,473
Deciduous teeth filled	1,699
Permanent teeth extracted	691
Deciduous teeth extracted	2,605
General anaesthetics	973
Emergencies	433
Number of pupils X-rayed	145
Prophylaxis	271
Teeth otherwise conserved	345
Number of teeth root filled	6
Inlays	1
Crowns	19
Course of treatment completed	1,850

Orthodontics

New cases commenced during the year	19
Cases completed during the year	15
Cases discontinued during the year	3
Number of removable appliances fitted	22
Number of fixed appliances fitted	1
Number of pupils referred to hospital consultants	3

TABLE V

2. **Number of School Clinics** (i.e. premises at which clinics are held for school children) provided by the Local Education Authority for the medical and dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of school clinics as at 31st December, 1972	7
--	---

3. **Type of Examination and/or Treatment** provided at the School Clinics returned in Section 2.

<i>Examination and/or Treatment</i>	<i>Number of premises available as at 31st December, 1972</i>
Minor ailment	7
Audiometry	3
Chiropody	7
Ear, Nose and Throat	1
Ophthalmic	3
Physiotherapy and remedial exercises	4
Speech Therapy	4
School Medical Officer's special examination	7
Vaccination and Immunisation ..	7

TABLE VI
RETURN OF HANDICAPPED CHILDREN

		During the calendar year ended 31st December, 1972												
		Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	M.S.H.	Epil.	Sp. Def.	Total	
A	How many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes?	B	1	—	—	1	—	—	12	—	—	—	14	
		G	—	—	—	1	—	—	9	—	—	—	10	
	(1) of those included at A above	B	—	—	—	1	—	—	5	—	—	—	6	
	(2) of those assessed prior to January, 1972	B	—	—	—	1	—	—	3	—	—	—	4	
B	How many children were newly placed in Special Schools or boarding homes?	G	—	—	—	—	—	—	1	4	—	—	5	
	(3) TOTAL newly placed—B (1) and (2)	B	—	—	—	—	—	—	7	—	—	—	9	
		G	—	1	—	1	—	—	1	9	—	—	11	
			—	1	—	2	—	—	10	—	—	—	13	

TABLE VIII
**HANDICAPPED PUPILS AWAITING PLACEMENT AND RECEIVING SPECIAL
 EDUCATIONAL TREATMENT**

Children from the authority's area as at 25th January, 1973	Blind		P.S.		Deaf		Pt. Hg.		P.H.		Del.		Mal.		E.S.N. M.S.H.		Epil.		Sp. Def.		Total			
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G		
Awaiting places in special schools:—																								
Under 5 years of age																								
1. waiting before 1st January, 1972																								
	Day	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Res.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
2. Newly assessed since 1st January, 1972																								
	Day	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Res.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	
Aged 5 years and over:																								
3. Waiting before 1st January, 1972																				—	—	—		
	Day	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Res.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4. Newly assessed since 1st Jan. 1972																			5	3	—	—		
	Day	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	3	
	Res.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Total number of children awaiting admission to special schools. 1 to 4 above																			5	3	—	—		
	Day	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Res.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	
6. Maintained special schools including attached units and hospital Special Schools																			58	48	—	—		
	Day	—	1	3	2	1	1	3	1	13	4	—	—	—	—	—	—	—	—	—	—	78	57	
	Res.	—	—	—	—	—	—	—	—	2	1	2	2	—	—	9	1	5	1	—	—	—	18	5
7. Non-maintained Special Schools including attached units and hospital Special Schools																			—	—	—	—		
	Day	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Res.	2	1	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	3	3	
8. Independent Schools under arrangements made by the Authority.																			—	—	—	—		
	Day	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Res.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Special classes in ordinary schools (assume all day)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
10. Boarded in homes and not already included above	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
11. Educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944.																			—	—	—	—		
	in hosp.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	at home	—	—	—	—	—	—	—	—	1	2	—	—	1	—	—	—	—	—	—	—	2	2	
12. Total number of handicapped children awaiting places in special schools: receiving education in special schools: independent schools: special classes and units: under Section 56 of the Education Act, 1944: and boarded in homes. Totals of 5, 10, 11 and 12	3	2	—3	2	1	1	5	2	17	9	—	—	10	2	68	52	—	—	—	—	107	70		

STAFFORDSHIRE COUNTY COUNCIL

**BOROUGH OF
NEWCASTLE-UNDER-LYME
(EXCEPTED DISTRICT)**

**SCHOOL HEALTH SERVICE
REPORT**

for 1972

BY THE

Borough School Medical Officer

BOROUGH OF NEWCASTLE-UNDER-LYME
(Excepted District)

SCHOOL HEALTH SERVICE STAFF

Borough School Medical Officer:

JOHN A. SCULLY, M.A., M.B., B.Ch., B.A.O., D.P.H.,
M.F.C.M., F.R.S.H., F.R.I.P.H.H.

Deputy Borough School Medical Officer:

MARY ISOBEL COOPER, M.B., B.S., D.P.H. (from 27-7-72
previously Departmental Medical Officer)

Departmental Medical Officers:

HENRIETTA PROCTER, M.B., B.S., M.D.(Lond.)
KOLLAPPA NAGAPPA, M.B., B.S. (Mysore India) (Part-time)
Appointed 1-11-72.
DOUGLAS G. GARVIE, M.B., Ch.B., (Part-time)

Ophthalmic Surgeon (Part-time):

P. J. M. KENT, M.R.C.S., L.R.C.P., D.O.M.S.

Area Dental Officer:

R. B. GELDEARD, L.D.S.

School Dental Officers:

MRS. A. V. HEMMANT, B.D.S. (Appointed 1-8-72)
MRS. ANNE GELDEARD, B.D.S. (Part-time)
LESLIE J. MYATT, B.D.S., L.D.S., R.C.S. (Part-time)
(Resigned 31-12-72).
MR. L. GILLIBRAND, B.D.S. (Part-time) (Resigned 8-5-72)
MRS. D. J. GILLIBRAND, B.D.S. (Part-time) (Resigned
8-5-72).

Dental Anaesthetists (Part-time):

J. LEWIS, M.B., B.Ch., F.F.A.R.C.S., D.A. (Resigned
26-10-72)
I. MULLOCK, M.B., Ch.B., F.F.A.R.C.S. (Appointed 1-11-72)

Area Chiropodist:

Mr. J. BEHAN, M.C.H.S. (Appointed 14-8-72)

Chiropodist:

MR. K. HAYCOCK, M.C.H.S.

Physiotherapists:

MRS. M. BOWCOCK, M.C.S.P.

MRS. T. J. BLADEN, M.C.S.P. (Part-time)

MRS. B. WAIN, M.C.S.P. (Part-time)

Speech Therapist:

MRS. N. M. AITKEN, L.C.S.T. (Appointed 17-7-72)

MRS. J. E. JONES, L.C.S.T. (Part-time) (Left 30-7-72).

Health Education Officer:

Mrs. J. Harrison (née Stanier)

Nursing Establishment

The full establishment of Health Visitor/School Nurses was maintained throughout the year.

School Population

The number of pupils on the registers of maintained schools (including nursery schools) at the end of the year was 15,062. This represents a decrease of 85 in comparison with 1971.

Number of schools or departments:—

Nursery Schools	..	..	..	4
Infant Departments	..	..	..	12
Infant and Junior Departments			..	11
Junior Departments	..	..	..	11
Secondary Modern Schools	..		..	9
Secondary Grammar Schools			..	4
Blackfriars	..	..	..	1
The Coppice School	..	..	..	1
The Wilmot School	..	..	..	1
Assessment Centre	..	..	..	1

INFORMATION OBTAINED BY MEDICAL INSPECTIONS

Physical Condition

The physical condition of the children examined at periodic medical inspections is shown in Table 1 in the statistical tables at the end of this report.

Uncleanliness

Two children were found to be verminous at *routine* school medical inspections.

At periodic cleanliness inspections of children a total of 28,081 examinations was made and 411 individual pupils were found to be infested. 124 cleansing notices were issued under Section 54(2) of the Education Act, 1944.

No children were compulsorily cleansed at school clinics under Section 54(3) of the Education Act, 1944.

No children were referred to the school clinic for treatment.

Tonsils and Adenoids

At periodical and special examinations, 59 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 65 cases received operative treatment through arrangements made by the School Health Service. In addition there were 156 cases which required only medical treatment and/or observation.

Skin Diseases

Four cases of skin disease (dermatitis, impetigo, urticaria, ringworm, etc.) were discovered at medical inspections and found to require treatment.

Defective Vision and Squint

62 cases of defective vision and squint were discovered at routine and special medical examinations and were referred for treatment, being 37 cases of defective vision and 25 cases of squint.

The Ophthalmic Clinic was held each Wednesday morning at Friarswood School Clinic. During the year 892 children had refractions carried out and in 110 cases spectacles were prescribed after examination by the Schools Ophthalmic Surgeon.

Ear Diseases and Defective Hearing

At routine medical inspections 22 cases in this category were found to require treatment and all were referred to Consultants at local hospitals.

ADDITIONAL EXAMINATIONS

Medical Inspection prior to admission to Training Colleges

During 1972, 145 pupils had a special medical examination by the Departmental Medical Officers before admission to colleges for training for the teaching profession, as required by the Department of Education and Science. All the pupils were declared medically fit for admission to a training college.

Medical Inspection of new entrants to the Teaching Profession

Seven medical examinations, with subsequent X-ray of chests as required by the Department of Education and Science, were carried out on new entrants to the teaching profession within the Borough. All the new entrants successfully passed this medical examination.

Children attending School Camps

During the year, 263 medical questionnaires, for children attending school camps, were scrutinised by a medical officer who decided if a medical examination was necessary for 20 of the children.

Education Department Employees

During 1972, 181 questionnaires were completed by prospective employees in the Education Department. 94 persons had a full medical examination and all were found fit for employment.

Physiotherapy

The Physiotherapists continued to provide treatment at the Clinic at Friarswood House, Priory Road, Newcastle, and at the Wilmot and Blackfriars Schools.

Friarswood Clinic

The number of children referred for treatment dropped during the year due to the shortage of medical officers.

Some children attended for treatment for various respiratory disorders, and a considerably greater number for remedial exercises.

Wilmot Annexe

A considerable amount of work needed to be done here, but there was insufficient accommodation for the number of children, and more apparatus was needed. The full-time staff did what they could to follow the suggestions of the Physiotherapist and considerable progress was made where possible.

A further physiotherapy session would have been desirable.

The Coppice

There was a weekly session at the Coppice School but the handicapped children there needed much more specialised treatment.

The staff did all they could to follow suggestions made to them but had very little time to carry them out, as they had a full teaching programme of their own to follow.

The facilities for treating handicapped children were somewhat inadequate.

Breathing and Remedial Exercises and Sun-Ray Treatment sessions were held as follows:—

Tuesday	10.00 a.m. – 12 noon	Friarswood Clinic	
Wednesday	10.00 a.m. – 12 noon	Special Care Unit	
Thursday	10.00 a.m. – 12 noon	Friarswood Clinic	
Thursday	1.30 p.m. – 3.30 p.m.	Coppice School	
	<i>Breathing Exercises</i>	<i>Remedial Exercises</i>	<i>Sun-Ray Treatment</i>
Children	12 ..	47 ..	8 ..
Attendances	331 ..	829 ..	222 ..

Blackfriars School

Breathing Exercises, Remedial Exercises and Sun-Ray Clinics were provided from 9.15 a.m. – 12 noon and from 1.30 p.m. – 3.30 p.m. on Mondays, Tuesdays and Thursdays.

Hydrotherapy Sessions were held on Wednesday and Fridays from 9.15 a.m. – 12 noon and from 1.30 p.m. – 3.30 p.m.

	<i>Breathing Exercises</i>	<i>Remedial Exercises (Including Hydrotherapy)</i>	<i>Sun-Ray Treatment</i>
Children	18 ..	54 ..	24 ..
Attendances	804 ..	3,489 ..	441 ..

Speech Therapy

In July, a Speech Therapist, was appointed on a full-time basis.

Central Clinic

The Central Speech Therapy Clinic in the Health Department in the Civic Offices was open three days per week and the numbers of pre-school and school children seen are detailed below:—

No of referrals at July, 1972	=	108
No. of referrals August – December (Inc.)	=	82
1972		
No. of children receiving treatment at		
December 31st, 1972	=	34
No. of children under supervision:—		
(a) needing treatment	=	20
(b) supervision	=	15
(c) monitoring	=	18
Total	=	53
No. of children awaiting first appointment at		
December 31st, 1972	=	15

The Special Schools

The Wilmot School was visited on the basis of half a day per week.

Six Children were selected to be seen on a weekly basis at the central clinic and receive daily practice under their teacher's supervision.

A clinic was held for one day per week at the Coppice which has a similar problem to that at the Wilmot School.

At Blackfriars a clinic was held one day per week but because of the demands for speech therapy only the most severely speech-handicapped children received treatment.

Only a handful of the children attending special schools and needing speech therapy received any treatment. Of the 60-70 children at the Wilmot School, all needed treatment at least twice a week, but only six received treatment of any kind. At the Coppice School 75% of the children could have benefitted from some form of speech therapy. Only eight required intensive individual treatment and most of the remaining therapy could be in the form of language-based small group work. Ten children received weekly treatment at Blackfriars School; nine of those would have benefitted from daily treatment. A further eight under supervision needed some form of treatment.

MINOR AILMENT CLINICS

During the year the Minor Ailment Clinics continued to operate as follows:—

Bradwell C.S.M. School	Tuesday	9.30 a.m. – 10.15 a.m.
Chesterton – Loomer Road	Monday	9.30 a.m. – 10.30 a.m. (Dr. attends) 9.00 a.m. – 12 noon (Chiropodist attends)
Clayton – Kingsbridge Ave.	Wednesday	9.00 a.m. – 10.00 a.m. (Chiropodist also attends)
Crackley Bank C.P. School	Wednesday	10.30 a.m. – 11.30 a.m.
Hempstalls C.P. School	Wednesday	10.00 a.m. – 11.00 a.m.
Knutton – Knutton Lane	Tuesday	10.00 a.m. – 12 noon (Dr. and Chiropodist attend)
Newcastle – Friarswood	Friday	9.30 a.m. – 11.00 a.m. (Dr. attends) 9.00 a.m. – 12 noon (Chiropodist attends)
Silverdale – Crown Street	Tuesday	9.00 a.m. – 10.00 a.m. (Dr. attends when required) (Chiropodist attends)
Porthill – Inglewood Drive	Thursday	10.45 a.m. – 11.30 a.m. (Dr. attends) 9.00 a.m. – 12 noon (Chiropodist attends)

The cases dealt with are included in Table III at the end of this report. During the year the number of attendances at the various Minor Ailment Clinics was 5,642 which is a decrease of 1,056 on the figure for 1971.

Child Guidance

During the year under review, 34 children from the Excepted District were referred to the Child Guidance Clinic. At the end of the year, 8 children were under treatment and there were 4 children on the waiting list for appointments.

There has been relatively little change in the situation and the difficulties referred to last year have continued throughout 1972, and for much of the year the clinic functioned with the services of but one part-time psychiatric social worker.

It is perhaps worthwhile commenting that experience during 1972 would seem to confirm the trend previously noted that there is an increasing number of children with school phobia being referred to the clinic.

Chiropody Service

Children found to require chiropody treatment through the School Health Service are treated by the Area Chiropodist, who attended the Minor Ailment Clinics in accordance with the programme shown in the minor ailment clinic list on page 104.

THE SPECIAL SCHOOLS

The following reports are based on information supplied by the Headmasters.

(a) Blackfriars School

A significant pattern in the school was the increase in severely handicapped children. The greatest increase has been in the number of Spina Bifida children, many of whom are incontinent. Extra provision for the changing of these children was made. A disturbing feature is in the number of children being admitted because of road accidents.

There were extra provisions in the fields of Dentistry, Chiropody and Speech Therapy but with the increasing severity of handicaps more speech Therapy sessions were needed.

The Engineering Department of the University of Keele gave a great deal of help in designing and making lifting equipment for the bath and physiotherapy room.

(b) Coppice School

The main provisions of the School Health Service continued to be very satisfactory and the close liaison with Doctor, Dentist and Nurse lead to speedy and efficient advice, help and treatment. The provision of Speech Therapy and Physiotherapy was also helpful.

(c) Wilmot School and Annexe

The half day weekly visits of the Physiotherapist showed good results particularly with the children at Wilmot Annexe.

The staff look forward to a time when Aqua-Therapy will be in the curriculum, and maybe a large Physiotherapy Hall with the necessary equipment for all physically handicapped children available particularly for those with a low mental age who need lots of space for constant exercise and encouragement.

SCHOOL DENTAL SERVICE

The Area Dental Officer provided the information on which the following report is based.

There has been further development of the Dental Service in the Borough over the past year. The dental clinic at Chesterton has been re-equipped to modern standards and a second surgery built and equipped at Friarswood House, making it possible to appoint a dental auxillary there to work alongside the dental officer.

Three Dental Officers resigned but the continuity of the service was maintained due partly to the increased sessions worked by one Dental Officer and the appointment of a full-time Dental Officer.

Two new Dental Surgery Assistants were appointed and one left. The Dental staff at the end of 1972 consisted of the equivalent of 2.7 Dental Officers and 3 Dental Surgery Assistants. A Consultant Anaesthetist was in attendance for 1-2 sessions per week.

The Dental Health campaign which took place during the Spring and Summer terms was well received and successful.

Dental examinations were given to all the new school entrants during the year and the findings were anything but satisfactory. It is to be hoped that in the new Health Service more attention will be paid to the dental health of the pre-school child, with the emphasis on prevention. Now is the time to re-consider the possibility of water fluoridation in the area for there is no more effective way of tackling the very real problem of dental decay that exists in the Excepted District.

Statistics regarding children inspected and treated during the year are given later in the report in Table IV.

Inspection of School Premises

Inspections of school premises are carried out under the Standards for School Premises Regulations 1959 which lay down standards for accommodation, washing facilities, toilets, water supply (both hot and cold), lighting, ventilation, temperature, conditions of playgrounds, cleanliness etc.

Inspections were carried out by the Departmental Medical Officers when visiting the schools to conduct medical inspections of pupils. For the mutual convenience of the medical and teaching staffs the inspections were usually carried out on the last day of the medical inspection.

During the year, 24 such inspections were made and a total of 24 defects in 14 schools was reported to the Borough Education Officer for his information and for any action he cared to take. Defects found in 7 schools had been previously reported.

School Swimming Baths.

The number of water samples from school swimming baths submitted for examination during the year were as follows:—

School	Number of Samples			
	Bacteriological		Chemical	
Blackfriars	10		10	
Clayton Hall Grammar	8		9	
The Edward Orme	6		6	
Hempstalls C.P.	9		9	
Newcastle High	11		11	
Total	44		45	

All the bacteriological samples were reported as satisfactory except for one at Newcastle High School and three at Blackfriars School.

These were only slightly below standard and in each case the matter was reported to the school concerned and remedial action taken immediately.

The chemical samples were generally satisfactory but from time to time comments were made as follows:—

Free Chlorine Content

All the school baths produced one or more samples in which the free chlorine content was considered to be a little too high or too low. These were reported and the follow-up samples showed an improvement. Only one sample which was taken from Clayton Hall bath demanded immediate action and revealed an extremely high free chlorine content which would render the water most unpleasant to use.

Organic Matter

A high total residual chlorine content is usually indicative of a build-up of organic matter and generally arises from prolonged or heavy usage. This was reported once from Clayton Hall, twice from Blackfriars and three times from Hempstalls C.P. School baths. Again this was brought to the notice of the schools concerned and corrective action recommended.

Disinfection of Plimsolls

As has been the practice for a number of years, the plimsolls used in the schools are regularly disinfected at the disinfection centre in Knutton Lane. This is done in an endeavour to control the incidence and spread of foot infections.

Inspection of School Meals Premises

The Public Health Inspectors of the Borough paid 36 periodic visits to premises connected with the preparation and serving of school meals. Defects which are found on such visits are reported to the Borough Education Officer.

Milk in Schools.

The milk supplied to schools was sampled from time to time by the Public Health Inspection Staff and 11 samples were submitted for examination at the Public Health Laboratory. All were found to be satisfactory, both in cleanliness and degree of pasteurisation.

X-ray of Kitchen Staff

During 1972, 42 members of the school meals service kitchen staff were X-rayed at the Chest Clinic under the scheme whereby each applicant for a post in this service must be declared free from pulmonary infection radiographically before being appointed. All were examined by a Medical Officer to ensure freedom from infection.

Hearing

A Peripatetic Teacher of the Deaf visited seventeen children, with impaired hearing, of school age and three pre-school children in the Newcastle area as often as time permitted during a period of staff shortage.

HEARING TEST SURVEY

The Audiometrist visted the Infant Departments as usual and the results of the survey were as follows:—

Survey Results:—

No. Examined	No. showing some hearing loss	Percentage with some Recurring loss
1,427	115	8.0

Health Education

The following report is based upon information which the Health Education Officer has submitted.

During 1972 Health Education became accepted in more circles including schools and outside organisations in the Borough. The year began with a dental health campaign in co-operation with the dental staff. It consisted of lectures and films to all the infant children on all aspects of dental health and hygiene. A painting competition followed the lectures, which not only promoted interest, but provided a follow-up to the lectures. The campaign promoted interest to all the children and many parents, and prizes and newspaper publicity gave the subject its maximum impact.

During the summer term a 4th year programme was carried out in five secondary modern schools. This included lectures and discussions on eight topics including: smoking, drugs, venereal disease and mental health.

The previous year's programme was extended from five to every secondary school. 21 Parent Teacher Association meetings were held to explain the programme which was well accepted.

The firework safety campaign was again carried out during the autumn term. This year, due to improved liaison with the police, lectures were given in most schools ranging from infant to secondary level.

Lectures were given to Residential Youth Groups, Girls' Brigade, Womens Groups, School Leavers, Students and many other organisations.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools). Year ended 31st December, 1972.

**TABLE I.
PART A—PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	<i>Physical Condition of Pupils Inspected</i>	
		Satisfactory	Unsatisfactory
		(3)	(4)
1968 and later	128	126	2
1967	540	540	—
1966	798	795	3
1965	109	107	2
1964	45	43	2
1963	186	184	2
1962	95	93	2
1961	30	30	—
1960	90	90	—
1959	115	115	—
1958	138	138	—
1957 and earlier	428	424	4
TOTAL	2,702	2,685	17

Column 3 total as a percentage of Column 2 = 99.38 %

Column 4 total as a percentage of Column 2 = 0.62 %

**PART B—PUPILS FOUND TO REQUIRE TREATMENT
AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with vermin)**

Age Groups Inspected (By year of birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded Table II	Total Individual Pupils
1968 and later	5	11	16
1967	2	48	50
1966	5	63	68
1965	3	17	20
1964	1	6	7
1963	5	22	27
1962	2	17	19
1961	—	4	4
1960	2	2	4
1959	4	—	4
1958	—	1	1
1957 and earlier	8	—	8
TOTAL	37	191	228

PART C—OTHER INSPECTIONS

Number of Special Inspections	140
Number of Re-Inspections	—
Total	140

PART D—INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by School Nurses or other authorised persons	28,081 examinations
Total number of individual pupils found to be infested	411
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	124
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE II.

Return of Defects found by Medical Inspection during the year ended 31st December, 1972
PART A—PERIODIC INSPECTIONS

Defect or Disease	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Requiring Treatment	Requiring Observation						
Skin	4	19	—	25	—	15	4	59
Eyes	24	46	8	5	14	99
(a) Vision	16	14	3	5	10	53
(b) Squint	16	20	—	4	10	34
(c) Other	—	—	—	—	—	—
Ears—	—	5	—	5	—	15
(a) Hearing	4	7	1	1	5	10
(b) Otitis Media	8	1	—	2	17	3
(c) Other	35	107	10	23	37	154
Nose and Throat	12	14	2	1	1	17
Speech	1	3	—	2	1	6
Lymphatic Glands	2	4	2	1	5	11
Heart	6	11	—	6	7	19
Lungs	—	—	—	—	3	3
Development—	3	7	12	5	3	16
(a) Hernia	—	—	—	—	—	—
(b) Other	5	—	—	—	—	—
Orthopaedic—	1	—	2	2	2	4
(a) Posture	18	11	—	12	4	27
(b) Feet	5	8	—	6	8	25
(c) Other	—	—	—	—	—	—
Nervous System—	—	—	—	—	—	—
(a) Epilepsy	—	3	—	2	4	9
(b) Other	1	9	—	9	6	24
Psychological—	—	—	—	—	—	—
(a) Development	—	13	—	12	1	26
(b) Stability	10	32	—	7	3	42
Abdomen	2	6	—	—	10	10
Other	3	17	—	11	2	34

PART B—SPECIAL INSPECTIONS

Defect or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
Skin	—	3
Eyes—(a) Vision	—	3
(b) Squint	1	2
(c) Other..	—	2
Ears—(a) Hearing	10	4
(b) Otitis Media..	2	—
(c) Other..	1	1
Nose and Throat	1	2
Speech	2	5
Lymphatic Glands	—	4
Heart	—	—
Lungs	3	—
Development—		
(a) Hernia	—	—
(b) Other..	1	3
Orthopaedic—		
(a) Posture	—	—
(b) Feet	—	3
(c) Other..	—	3
Nervous System—		
(a) Epilepsy	—	2
(b) Other..	—	9
Psychological—		
(a) Development	1	22
(b) Stability	1	6
Abdomen	—	3
Other	1	3

TABLE III.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery Schools)

Part A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	66
Errors of refraction (including squint)	892
Total	958
Number of pupils for whom spectacles were prescribed ..	110

Part B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment for diseases of the ear	5
adenoids and chronic tonsillitis	65
other nose and throat conditions	15
Received other forms of treatment	37
Total	122
Total number of pupils in schools who are known to have been provided with hearing aids in 1971	1
in previous years	12

Part C—Orthopaedic and Postural Defects

						<i>Number of cases known to have been treated</i>
Pupils treated at:	School clinics or out-patient departments					67
	School or physiotherapy clinics for postural defects	..	..	..		96
	Total	..	..	..		163

Part D—Diseases of the Skin

(excluding uncleanliness, for which see Part D of Table I)

						<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp	..	..	..	..	..	—
(b) Body	..	..	..	..	..	—
Scabies	..	..	..	..	..	10
Impetigo	..	..	..	..	..	23
Other skin diseases	..	..	..	..	..	1,261
Total	..	..	..	..		1,294

Part E—Child Guidance Treatment

						<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	..	..	..			30

Part F—Speech Therapy

						<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapists	..	..	..	..		233

Part G—Other Treatment Given

						<i>Number of cases known to have been dealt with</i>
Pupils with minor ailments	..	..	..	..		1,495
Pupils who received convalescence treatment under School Health Service arrangements	..	..				—
Pupils who received B.C.G. vaccination	..	..				1,517
Other than above						
Respiratory	..	..	..	..	..	18
Injuries	..	..	..	..	..	205
Total	..	..	..	..		3,235

TABLE IV.

**Dental Inspection and Treatment carried out by the Authority
during 1972**

The dental officers devoted 662 sessions to treatment and 22 to inspection.

Inspections			<i>Pupils</i>
(a) First inspection at School .. .. ..	..	..	1208
(b) First inspection at clinic .. .. ..	..	..	951
Number found to require treatment .. .. ..	..	..	1743
Number offered treatment .. .. ..	..	..	1729
(c) Re-inspections at school clinics .. .. ..	..	..	405
Number of these found to require treatment .. .. ..	..	..	302

Attendances and Treatment

First visit .. .. .. ..	..	..	1324
Subsequent visits .. .. .. ..	..	..	3164
Total visits .. .. .. ..	..	..	4488
Additional courses of treatment commenced .. ..	..	..	563
Fillings in permanent teeth .. .. ..	..	..	2873
Fillings in deciduous teeth .. .. ..	..	..	1835
Permanent teeth filled .. .. ..	..	..	2208
Deciduous teeth filled .. .. ..	..	..	1239
Permanent teeth extracted .. .. ..	..	..	480
Deciduous teeth extracted .. .. ..	..	..	1646
General Anaesthetics .. .. ..	..	..	465
Emergencies .. .. ..	..	..	331
Number of Pupils X-rayed .. .. ..	..	..	367
Prophylaxis .. .. ..	..	..	478
Teeth otherwise conserved .. .. ..	..	..	616
Number of teeth root filled .. .. ..	..	..	37
Inlays .. .. ..	..	..	—
Crowns .. .. ..	..	..	8
Courses of treatment completed .. .. ..	..	..	692

Orthodontics

New cases commenced during year .. ..	..	..	17
No. of removable appliances fitted .. ..	..	..	11
Pupils referred to Hospital Consultant .. ..	..	..	11
Pupils with other dentures .. ..	..	..	6
No. of dentures .. ..	..	..	7

TABLE V.
Staff of the School Health Service

	Number of Officers	<i>Number in terms of full-time Officers employed in the School Health Service</i>
(a) Medical Officers (including the Principal School Medical Officer)		
(i) Whole-time School Health Service .. .	—	—
(ii) Whole-time School Health and Local Health Services .. .	4	1.90
(iii) General Practitioners working part-time in the School Health Service .. .	1	0.10
(b)		
Speech Therapists, .. .	1	1.00
Physiotherapists .. .	3	1.70
Ophthalmologist .. .	1	0.10
Audiometrician .. .	1	—
Chiropodist .. .	2	0.40
(c)		
(i) School Nurses .. .	18	7.20
(ii) No. of the above who hold a Health Visitor's Certificate ..	18	—

	<i>Officers employed on a Salary basis</i>		<i>Officers employed on a sessional basis</i>	
	Number of Officers	<i>Nos. in terms of full-time Officers em- ployed in the School Den- tal Service</i>	Number of Officers	<i>Nos. in terms of full-time Officers em- ployed in the School Den- tal Service</i>
(d) Dental Staff—				
(i) Principal School Dental Officer .. .	—	—	—	—
(ii) Dental Officers .. .	2	2	2	0.90
(iii) Orthodontists (if not already included in (d)(i) or (d)(ii) above) .. .	—	—	—	—
(iv) Dental Surgery Assistants .. .	3	3	—	—
(v) Dental Anaesthetist .. .	—	—	1	0.10

* All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

TABLE VI.

- (i) **NUMBER OF SCHOOL CLINICS** (*i.e.* Premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics, 11 (including one Mobile Dental Clinic)

- (ii) **TYPE OF EXAMINATION AND/OR TREATMENT** provided at the school clinics either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

<i>Examination and/or treatment</i>	<i>Number of School Clinics (i.e. premises) where such treatment is provided</i>	
	<i>Directly by the Authority</i>	<i>Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals</i>
Minor Ailment and other non-specialist examination or treatment	9	—
Asthma	—	—
Audiology	—	—
Audiometry	—	—
Chiropody	6	—
Ear, Nose and Throat	—	—
Enuretic	—	—
Ophthalmic	1	—
Orthoptic	—	—
Orthopaedic	—	—
Paediatric	—	—
Physiotherapy & Remedial Exercises	4	—
Speech Therapy	3	—
School Medical Officers Special Examinations	1	—
Sun Ray (U.V.L.)	2	—
Vaccination and Immunisation	6	—

TABLE VII.
RETURN OF HANDICAPPED CHILDREN

During the calendar year ended 31st December 1972		(1) Blind (2) Partially sighted		(3) Deaf (4) Partially hearing		(5) Physically handicapped (6) Delicate		(7) Maladjusted (8) E.S.N./M.S.H.		(9) Epileptic (10) Speech Defects		Total
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. No. of handicapped children newly assessed as needing special educational facilities ..		—	—	—	2	6	1	—	32	—	—	41 Day
		—	—	—	—	—	—	1	2	—	—	3 Res.
B. No. of children newly placed in special schools												
(i) Of those shown at A above		—	—	—	—	6	1	—	14	—	—	21 Day
(ii) Of those assessed prior to 1/1/72 ..		1	—	—	—	4	3	—	—	—	—	14 Day
Totals		1	—	—	—	10	4	—	20	—	—	35 Day
		—	—	—	—	—	—	—	—	—	—	Res.

TABLE VIII.

**Handicapped Pupils awaiting places or receiving Education in Special Schools
on January 20th, 1973**

		(1) Blind (2) Partially sighted		(3) Deaf (4) Partially hearing		(5) Physically handi- capped (6) Delicate		(7) Maladjusted (8) E.S.N./M.S.H.		(9) Epileptic (10) Speech Defects		Total
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Waiting prior to 1st January, 1972												
(a) Whose parents had refused consent to their admission :		—	—	—	—	—	—	—	—	—	—	— Day
(b) Others .. :		—	—	—	—	—	—	—	—	—	—	— Res.
Newly assessed since 1st January, 1972		—	—	—	—	—	—	—	—	—	—	— 6 Day
(c) Whose parents had refused consent to their admission :		—	—	—	—	—	—	—	—	—	—	— 3 Res.
(d) Others .. :		—	—	—	—	—	—	—	—	—	—	— 1 Day
e) Totals .. :		—	—	—	—	—	—	—	—	—	—	— 22 Day
												— 3 Res.
B. Pupils from the Ex-cep-ted District on the registers of maintained special schools (except hospitals and special classes or units) ..		—	—	—	—	—	—	—	—	—	—	— 172 Day
C. No. of handicapped pupils receiving home tuition .. :		—	—	—	—	—	—	—	—	—	—	— 10 Res.
												— 1

* Under 5 years of age.

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